## 2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## **FILED** Apr 23, 2008 08:00 AN Secretary of State DOCUMENT # L99000004907 KETTLE HARBOR, L.L.C. Principal Place of Business Mailing Address 4929 W. MELROSE AVE S. 4929 W. MELROSE AVE S. **TAMPA FL 33629** TAMPA, FL 33629 CR2E083 (12/07) 04102008 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3624624 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CORPORATE CREATIONS NETWORK INC. DO NOT WRITE 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$138.75 U00000915360 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE NAME BURNS, KEVIN J STREET ADDRESS 4508 BROOKWOOD DRIVE CITY-ST-ZIP TAMPA, FL 33629 MGRM TITLE MAY, MICHAEL A NAME STREET ADDRESS 4929 W.MELROSE AVE S. CITY-ST-ZIP TAMPA, FL 33629 TITLE NAME STREET ADDRESS DO NOT WRITE CiTY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP JUST LEED 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee impowered to execute this report as required by Chapter 608, Florida Statutes.