DOCUMENT # L9900008191  1. Entity Name  KP DEVELOPMENT, L.L.C.  SIV						SECRETA DIVISION OF	FILED ECRETARY OF STATE SION OF CORPORATIONS			
Principal Plac	of Rusiness		Mailing Address		<u></u>	OO FEB	4 PH 2: 2	3		
Principal Place of Business  430 CRUPTON DRIVE  000EE-FL-34781		•	430 CROFTON DRIVED OCOEE FL S4761-4762							
2. Principal P	Place of Busin	ess Varida	3. Mailing Address							
Suite, Apt.		ka-Vinelan	Suite, Apt. #, etc.		me		DO NOT	WRITE IN THIS	SPACE	
City & Stat	i N Do	. FL	City & State		-	4. FEIN	59-36/	0244	, Ar	oplied For of Applicable
328		Country 4.5.	Zip	Cour	ntry	l l	icate of Status Des	_	\$5.00 Add Fee Require	
	6. Name	and Address of Curren	t Registered Agent		Name	7. Nam	and Address of h	lew Registered	Agent	
		•			City	00.0.1			Z <b>P</b> God	9 10
	1	y submits this statement of sta	FIL	(NOTE: Registere	ed office or re	e required when reinstat	or both, in the State	FL of Florida.  2 - 9 - 2  DATE		8 19
SIGNATURE .	1	or printed name of registered ager	STEVB ( and title if applicable.  FIL Make Chisc	(NOTE: Registere E NOW!!! k Payable (	red office or re ad Agent signature FEE IS \$5 to Departm	registered agent,	or both, in the State	of Florida.  2 - 9 - 2  DATE	2,000	8 19
SIGNATURE	Signature Tuperor	2	STEVS  t and title if applicable.  FIL  Make Chiece  BERS/MEMBERS	E NOW!!! k Payable t	red office or red office or red office or red office or red of Agent signature  FEE IS \$5:  TO Departm	registered agent, e required when reinstati	or both, in the State	of Florida.  2 - 9 - 2  DATE  ONS/CHANGES	2,000	,
9. TITLE NAME STREET ADDRESS CHY-ST-ZIP	Signature Tuperor	MANAGING MEMI DING & DEVELOPMENTON-DRIVE	STEVS  t and title if applicable.    Hake Chisc   BERS/MEMBERS   Delate  NT, INC.	E NOW!!! k Payable t	red office or red ad Agent signature FEE IS \$5 to Departm  LE ME LET ADDRESS (-81-ZIP	registered agent, e required when reinstati	or both, in the State	of Florida.  2 - 9 - 2  DATE  ONS/CHANGES	2,000	
9. TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS	Signature Dupord  MGRM CYR BUIL 400 CROFT	MANAGING MEMI DING & DEVELOPMENTON-DRIVE	STEVS  t and title if applicable.  FIL  Make Chiece  BERS/MEMBERS	(NOTE: Registers  E NOW!!! k Payable to title name titl	red office or red ad Agent signature FEE IS \$5 to Departm  LE HE	registered agent, e required when reinstati	Apopka	of Florida.  2 - 9 - 2  DATE  ONS/CHANGES  Vine lon  32819	Change A Rd 440	☐ Addition
9. TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature Dupord  MGRM CYR BUIL 400 CROFT	MANAGING MEMI DING & DEVELOPMENTON-DRIVE	STEVS  t and title if applicable.    Hake Chisc   BERS/MEMBERS   Delate  NT, INC.	E NOW!!! k Payable to the payable to	FEE IS \$5 TO Departm  LE	registered agent, e required when reinstati	Apopka ·  ADDIT  Apopka ·  ADDIT  APOPKA ·  ADDIT  APOPKA ·  ADDIT  APOPKA ·	of Florida.  2-9-2 DATE  ONS/CHANGES  Vine box 32819	Change	Addition  Addition
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9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature Dupord  MGRM CYR BUIL 400 CROFT	MANAGING MEMI DING & DEVELOPMENTON-DRIVE	STEVS  t and title if applicable.    Make Chieco   BERS/MEMBERS   Delete	MOTE: Registers  E NOW!!! k Payable to the payable	FEE IS \$5 to Departm  LE HE	registered agent, e required when reinstati	ADDIT  Apopta  O , FL  BDDDD  BDDDD  -02.	of Florida.  2 - 9 - 2  DATE  ONS/CHANGES  Vine box 328/9  6 13148 /25/00-0	Change	Addition  Addition  Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP STITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CYR BUIL 400 GROF GOOGE F	MANAGING MEMI DING & DEVELOPMENTON-DRIVE	STEVS  t and title if applicable.    Make Chisc   BERS/MEMBERS     Detaits    Detaits	MOTE: Registers  E NOW!!! k Payable to the payable	THE STATE OF THE S	registered agent, e required when reinstati	ADDIT  Apopta  O , FL  BDDDD  BDDDD  -02.	of Florida.  2 - 9 - 2  DATE  ONS/CHANGES  Vine box 328/9  6 13148 /25/00-0	Change	Addition  Addition  Addition  2010
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CYR BUIL 400 GROF GOOGE F	MANAGING MEMI DING & DEVELOPMENTON-DRIVE	STEVE  t and title if applicable.    Make Chisc   BERS/MEMBERS   Delete    Delete   Delete   Delete     Delete   Delete   Delete     Delete   Delete   Delete     Delete   Delete   Delete     Delete   Delete   Delete     Delete   Delete   Delete   Delete     Delete   Delete   Delete   Delete     Delete   Delete   Delete   Delete     Delete   Delete   Delete   Delete     Delete   Delete   Delete   Delete     Delete   Delete   Delete   Delete   Delete     Delete   Delete   Delete   Delete   Delete   Delete   Delete     Delete	(NOTE: Registers  E NOW!!! k Payable to the payable	THE STATE OF THE S	registered agent, e required when reinstati	ADDIT  Apopta  O , FL  BDDDD  BDDDD  -02.	of Florida.  2 - 9 - 2  DATE  ONS/CHANGES  Vine box 328/9  6 13148 /25/00-0	Change  Change  Change  Change  Change	Addition  Addition  Addition  Addition  Addition  Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

2-9-2000