

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000000903

Entity Name: KGGP, LLC

FILED
Apr 25, 2008
Secretary of State

Current Principal Place of Business:

4111 E 37TH STREET NORTH
WICHITA, KS 67220

New Principal Place of Business:

Current Mailing Address:

4111 E 37TH STREET NORTH
WICHITA, KS 67220

New Mailing Address:

FEI Number: 48-1251902

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DIFULGENTIZ, ROBERT A
Address: 4111 E 37TH ST NORTH
City-St-Zip: WICHITA, KS 67220

Title: MGR () Delete
Name: HADDOCK, BRADLEY E
Address: 4111 E 37TH STREET NORTH
City-St-Zip: WICHITA, KS 67220

Title: MGR () Delete
Name: VAN GELDER, JOHN M
Address: 4111 E 37TH STREET NORTH
City-St-Zip: WICHITA, KS 67220

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: ATTURA, ALESSANDRO
Address: 4111 E 37TH STREET NORTH
City-St-Zip: WICHITA, KS 67220

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROBERT A. DIFULGENTIZ

MGR

04/25/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date