

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000001829

Entity Name: KSD PARTNERS, LLC

FILED  
Mar 12, 2008  
Secretary of State

**Current Principal Place of Business:**

26401 EMERY ROAD  
104  
WARRENSVILLE HEIGHTS, OH 44128

**New Principal Place of Business:**

**Current Mailing Address:**

26401 EMERY ROAD  
104  
WARRENSVILLE HEIGHTS, OH 44128

**New Mailing Address:**

FEI Number: 20-0018722

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCHEER, JOEL R  
26401 EMERY ROAD  
104  
WARRENSVILLE HEIGHTS, FL 44022 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: SCHEER, JOEL R  
Address: 26401 EMERY ROAD  
City-St-Zip: WARRENSVILLE HEIGHTS, OH 44128

Title: MGR ( ) Delete  
Name: SCHEER, JOEL  
Address: 26401 EMERY ROAD.  
City-St-Zip: WARRENSVILLE HEIGHTS, OH 44128

Title: MGR ( ) Delete  
Name: KRENZLER, DEBRA  
Address: 24550 MELDON BLVD  
City-St-Zip: BEACHWOOD, OH 44122

**ADDITIONS/CHANGES:**

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

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

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

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: JOEL R SCHEER

MGR

03/12/2008

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