



FILED
Feb 21, 2005 8:00 am
Secretary of State

20013241

1

DOCUMENT # M03000004336				02-21-2005 90176 010 ****50.00	
1. Entity Name SSGP HOLDINGS, LLC					
Principal Place of Business 841 PRUDENTIAL DRIVE, SUITE 150 JACKSONVILLE, FL 32207		Mailing Address 841 PRUDENTIAL DRIVE, SUITE 150 JACKSONVILLE, FL 32207			
2. Principal Place of Business		3. Mailing Address		20013241	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01192005 Chg-LLC CR2E083 (10/03)	
City & State		City & State		4. FEI Number 20-0511087	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DOUGLAS, JEFFREY R 841 PRUDENTIAL DRIVE, SUITE 150 JACKSONVILLE, FL 32207				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGRM NAME KDD HOLDINGS, LLC STREET ADDRESS 639 E OCEAN AVE CITY-ST-ZIP BOYNTON BEACH, FL 33435 <input type="checkbox"/> Delete			TITLE MGRM NAME KDD Holdings, LLC STREET ADDRESS 841 Prudential Drive, Ste 150 CITY-ST-ZIP Jacksonville, FL 32207 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> 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:  Jeffrey R. Douglas 11/30/05					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					