

# **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M04000002548

Entity Name: KRG GAINESVILLE, LLC

**FILED**  
**Apr 29, 2005**  
**Secretary of State**

**Current Principal Place of Business:**

30 SOUTH MERIDIAN STREET, STE. 1100  
INDIANAPOLIS, IN 46204

**New Principal Place of Business:**

**Current Mailing Address:**

30 SOUTH MERIDIAN STREET, STE. 1100  
INDIANAPOLIS, IN 46204

**New Mailing Address:**

FEI Number: 20-1453863

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:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

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: MAUREEN CULLEN, VICE PRESIDENT

04/29/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: KRG CAPITAL, LLC,  
Address: 30 SOUTH MERIDIAN STREET, STE. 1100  
City-St-Zip: INDIANAPOLIS, IN 46204

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: KITE REALTY GROUP, L., .P.  
Address: 30 SOUTH MERIDIAN STREET, STE. 1100  
City-St-Zip: INDIANAPOLIS, IN 46204

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOHN A. KITE, PRESIDENT, KITE REALTY GROUP

PRES

04/29/2005

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