## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M04000002548

1. Entity Name KRG GAINESVILLE, LLC



FILED Apr 07, 2008 08:00 A Secretary of State

Principal Place of Business

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

Mailing Address

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



03252008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number		Applied For
20-1453863		Not Applicable
5. Certificate of Status Desired		Additional equired

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

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		,	The Later to have a
	named entity submits this statement for the purpose of chairons of registered agent.	anging its registered office or registered agent, or	both, in the State of Florida. I am familiar with, and accept
SIGNATURE_			Unnnan882824
0.0.0.0.0.0.	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstitting)	04/16/08-80PSP-010 138.75
After May	NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75		
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGRM		。""我们的"我们的","我们的",我想到了一样的"我们"。"我是我们的","我们们",我们们们们们们们们们们们们们们们们们们们们们们们们们们们们们们们
NAME	KITE REALTY GROUP, L.P.		
STREET ADDRESS	30 SOUTH MERIDIAN STREET, STE. 1100		
CITY-ST-ZIP	INDIANAPOLIS, IN 46204	. *	
7.7. 6			

## TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

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11,	. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 of the receiper or trustee of powerful to execute this report as required by Chapter 608, Florida Statutes.
	The state of the s

SIGNATURE:

IRE: /aw/ / uw/

DANIEL

R. SINK

7.2/ 45

317-577-5600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

D

Daytime Phone #