

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000000601

Entity Name: KTR NORTH FLORIDA LLC

FILED
Jan 14, 2009
Secretary of State

Current Principal Place of Business:

5 TOWER BRIDGE
300 BARR HARBOR DRIVE, SUITE 150
CONSHOHOCKEN, PA 19428

New Principal Place of Business:

FIVE TOWER BRIDGE
300 BARR HARBOR DRIVE, SUITE 150
CONSHOHOCKEN, PA 19428

Current Mailing Address:

5 TOWER BRIDGE
300 BARR HARBOR DRIVE, SUITE 150
CONSHOHOCKEN, PA 19428

New Mailing Address:

FIVE TOWER BRIDGE
300 BARR HARBOR DRIVE, SUITE 150
CONSHOHOCKEN, PA 19428

FEI Number: 20-4233608

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: MGRM () Delete
Name: KIF PROPERTY TRUEST
Address: 300 BAR HARBOR DRIVE, SUITE 150
City-St-Zip: CONSHOHOCKEN, PA 19428

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: KIF PROPERTY TRUEST
Address: 300 BAR HARBOR DRIVE, SUITE 150
City-St-Zip: CONSHOHOCKEN, PA 19428

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: J. PETER LLOYD

SVP

01/14/2009

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