2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Jan 31, 2008 8:00 am Secretary of State DOCUMENT # M07000005277 01-31-2008 90065 023 ***138.75 KND REAL ESTATE 8, L.L.C. Principal Place of Business Mailing Address 680 SOUTH FOURTH STREET **680 SOUTH FOURTH STREET** 60005053 LOUISVILLE, KY 40202 LOUISVILLE, KY 40202 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01182008 CR2E083 (12/06) Chg-LLC City & State City & State 4. FEI Number Applied For 26-0710126 Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTAITON, FL 33324 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make check payable to FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES TITLE MGR TITI F ☐ Delete Change Addition LECHIETER, RICHARD A NAME NAME Lechleiter, Richard A 680 SOUTH FOURTH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LOUISVILLE, KY 40202 CITY-ST-ZIP MGR Delete TITLE ___ Change Addition CHAPMAN, RICHARD E NAME STREET ADDRESS 680 SOUTH FOURTH STREET STREET ADDRESS CITY-ST-ZIP LOUISVILLE, KY 40202 CITY-ST-ZIP MGR TITLE ☐ Delete TITLE Change ☐ Addition MILLER, GREGORY C NAME NAME STREET ADDRESS 680 SOUTH FOURTH STREET STREET ADDRESS CITY-ST-ZIP LOUISVILLE, KY 40202 CITY-ST-ZIP Sr. UP-TOX; Treasurer TITLE ☐ Delete TITLE ☐ Change Addition HANK RUBINSON NAME NAME 680 S. 41 St STREET ADDRESS STREET ADDRESS LOUISVILLE, Ky 40202 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete BILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

KND Real Estate 8, L.L.C.

Officers

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Directors / Officers Report

As of 1/18/2008

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Directors / Officers Report

ATTACHMENT 60005053

As of 1/18/2008

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