


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 01, 2007 8:00 am
Secretary of State

04-25-2007 90213 001 ***150.00
04-25-2007 90213 002 *****8.75

DOCUMENT # P41118	
1. Entity Name KT MANAGEMENT CORP.	

Principal Place of Business BRANNEN GODDARD COMPANY 3390 PEACHTREE RD NE, SUITE 1200 ATLANTA, GA 30326-1108	Mailing Address BRANNEN GODDARD COMPANY 3390 PEACHTREE RD NE, SUITE 1200 ATLANTA, GA 30326-1108
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2. Principal Place of Business - No P.O. Box # Kennedy Wilson Properties, Ltd 9601 Wilshire Blvd., Suite 220 Beverly Hills, CA 90210 Attn: P.G. Lawson	3. Mailing Address Kennedy Wilson Properties, Ltd 9601 Wilshire Blvd., Suite 220 Beverly Hills, CA 90210 Attn: P.G. Lawson
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05152007 Chg-P CR2E034 (12/06)

4. FEI Number 13-3686027	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City FL Zip Code	

7. Name and Address of New Registered Agent	
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.

Kennedy Wilson Properties, Ltd Agent for KT Management

SIGNATURE *[Signature]* **Peter G. Lawson, Managing Director** *6/1/07*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-statuting) DATE

FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CPT TSCHIRA, KLAUS MAX-PLANCK-STRASSE 8 GERMANY, <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	V LOEWENTHAL, RONN ONE EMBARCADERO CENTER SAN FRANCISCO, CA 94111 <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
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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

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **Ronn Loewenthal** *May 25 2007* *415 435 6600*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #