2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 26, 2004 8:00 am Secretary of State

DOCUMENT # L03000035097 1. Entity Name KINCOR PROPERTIES, LLC						04-26-20	004 90044 019 **	***50.00
Principal Place of Business 102 NANDINA TERRACE WINTER SPRINGS, FL 32708 US		Mailing Address 102 NANDINA TERRACE WINTER SPRINGS, FL 32708 US		US		.	2405399	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04072004	Chg-LLC	CR2E083 (10/03)		
City & State		City & State		4. FEI Number			pplied For ot Applicable	
- Zip - Country		Zip	- Country 5. Certific		5. Certificate of	of Status Desired	\$5.00 Ad Fee Require	
	6. Name and Address of Current F	legistered Agent			7. Name and	Address of New I	Registered Agent	
BRYANT, CARLA D			Name					
1201 SOUTH ORLANDO AVENUE SUITE 350				Street Address (P.O. Box Number is Not Acceptable)				
WINTER PARK, FL 32789				O'th.				
<u> </u>			City	FL Zip Code				
the obligati	named entity submits this statement for ions of registered agent.	the purpose of changing its	register	ed office or registe	ered agent, or both	i, in the State of Fl	lorida. I am familiar with	i, and accept
SIGNATURE _	Signature, typed or printed name of registered agent a	nd title if applicable. (NOT	E: Registere	d Agent signature require	ed when reinstating)		DATE	
Filing Fee is \$50.00 Due by May 1, 2004						ke check payable to la Department of Sta	te	
9.	MANAGING MEMBER	RS/MANAGERS	10.			ADDITIONS	CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CRAVEN, PATRICIA A 102 NANDINA TERRACE WINTER SPRINGS, FL 32708	☐ Delete		-		· · · · · · · · · · · · · · · · · · ·	[] Change	☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete					☐ Change	Addition
TITLE - NAME STREET ADDRESS CITY-ST-ZIP		_ · Delete		1	• /		Change	- Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		l l			☐ Change	Addition
TITLE NAME STREET ADDRESS		☐ Delete	TiTI NAJ				☐ Change	Addition
CITY-ST-ZIP				Y-ST-ZIP				

r nereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatic 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.

SIGNATURE: PAT CRAVEN, MEMBER April 1, 2004 407977.2286
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Degree Proces #