## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Mar 15, 2007 8:00 am **Secretary of State** DOCUMENT # L05000011346 03-15-2007 90133 022 \*\*\*\*50.00 1. Entity Name KJS PROPERTIES, L.L.C. Principal Place of Business Mailing Address DUNCATES 3527 ASHLING DRIVE 3527 ASHLING DRIVE LAKELAND, FL 33803 LAKELAND, FL 33803 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02282007 Chg-LLC CR2E083 (12/06) 4. FEI Number Applied For City & State City & State 20-2289298 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HOPPE, JONN D Street Address (P.O. Box Number is Not Acceptable) 225 EAST LEMON STREET, SUITE 300 LAKELAND, FL 33801 City Zip Code FL 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) DATE Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGR **M** Delete TITLE TITLE m GR ☐ Change Addition SCARPA, KARYN 3527 Ashling Dr SCARPA, GLENN NAME NAME STREET ADDRESS 207 EAST MAXWELL ST STREET ADDRESS LAKELAND, FL 33803 CITY-ST-ZIP CITY-ST-ZIP Lakeland. F Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE 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

11. I hereby certify that the information supplied with this filling 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.

GMNG MANAG NG MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED