

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000007732

Entity Name: KANKONG PROPERTIES, LLC

FILED
Feb 25, 2008
Secretary of State

Current Principal Place of Business:

1439 SOUTH LAKESHORE DR.
SARASOTA, FL 34231

New Principal Place of Business:

453 CANAL RD
SARASOTA, FL 34242

Current Mailing Address:

1439 SOUTH LAKESHORE DR.
SARASOTA, FL 34231

New Mailing Address:

453 CANAL RD
SARASOTA, FL 34242

FEI Number: 65-1117081

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KELLER, JAMES T
1439 SOUTH LAKESHORE DR.
SARASOTA, FL 34231 US

Name and Address of New Registered Agent:

KELLER, JAMES T
453 CANAL RD
SARASOTA, FL 34242 US

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:

02/25/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KELLER, JAMES T
Address: 1439 S LAKESHORE DR
City-St-Zip: SARASOTA, FL 34231

Title: MGR () Delete
Name: KELLER, LYNN
Address: 1439 S. LAKESHORE DRIVE
City-St-Zip: SARASOTA, FL 34231

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: KELLER, JAMES T
Address: 453 CANAL RD
City-St-Zip: SARASOTA, FL 34242

Title: MGR (X) Change () Addition
Name: KELLER, LYNN
Address: 453 CANAL RD
City-St-Zip: SARASOTA, FL 34242

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: JAMES T. KELLER

MGRM

02/25/2008

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