


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 25, 2004 8:00 am**  
**Secretary of State**

03-25-2004 90217 004 \*\*\*\*50.00

<b>DOCUMENT # L01000021201</b> 1. Entity Name <b>KW PROPERTIES, LLC</b>					
Principal Place of Business 3033 RIVERA DRIVE SUITE 201 NAPLES, FL 34103			Mailing Address 3033 RIVERA DRIVE SUITE 201 NAPLES, FL 34103		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>3033 Riviera Drive</b>  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>04-3589297</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BUDD, DAVID G</b> <b>3033 RIVIERA DR.</b> <b>SUITE 201</b> <b>NAPLES, FL 34103</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2004</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRT</b> <b>STARMAN, SHELDON W</b> <b>4099 TAMIAMI TRAL N STE 400</b> <b>NAPLES, FL 34103</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4099 Tamiami Trail North, Suite 400</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRS</b> <b>BUDD, DAVID G</b> <b>3033 RIVIERA DRIVE STE 201</b> <b>NAPLES, FL 34103</b>	<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	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b> <u>David Budd</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			3/19/04 (239) 263-7700 <small>Date Daytime Phone #</small>		

DAVID G. BUDD, ASSISTANT OPERATING MANAGER