


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90045 032 ****55.00

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| DOCUMENT # L01000021201 |  |
| 1. Entity Name KW PROPERTIES, LLC | |

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| Principal Place of Business C/O DAVID G. BUDD 3033 RIVIERA DR, # 201 NAPLES, FL 34103 | Mailing Address C/O DAVID G. BUDD 3033 RIVIERA DR, # 201 NAPLES, FL 34103 |
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| 2. Principal Place of Business - No P.O. Box # 5551 Ridgewood Drive | 3. Mailing Address c/o DAVID G. BUDD |
| Suite, Apt. #, etc. Suite 501 | Suite, Apt. #, etc. 5551 Ridgewood Dr., #501 |
| City & State Naples, FL | City & State Naples, FL |
| Zip 34108 | Country USA |



04262007 Chg-LLC CR2E083 (12/06)

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| 4. FEI Number 04-3589297 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent BUDD, DAVID G 3033 RIVIERA DRIVE SUITE 201 NAPLES, FL 34103 | 7. Name and Address of New Registered Agent Name BUDD, DAVID G Street Address (P.O. Box Number is Not Acceptable) 5551 Ridgewood Drive Suite 501 City Naples FL Zip Code 34108 |
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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 *David G. Budd* **David G. Budd, Registered Agent** 4/27/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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| Filing Fee is \$50.00 Due by May 1, 2007 | Make check payable to Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRT STARMAN, SHELDON W 4099 TAMIAMI TRAIL NORTH, SUITE 400 NAPLES, FL 34103 <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 | MGRS BUDD, DAVID G 3033 RIVIERA DRIVE, SUITE 201 NAPLES, FL 34103 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5551 Ridgewood Drive, SUite 501 Naples, FL 34108 |
| 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 |

11. 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 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: *David G. Budd* 4/27/07 (239) 514-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

DAVID G. BUDD, ASSISTANT OPERATING MANAGER