2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State
04-14-2005 90030 024 ****50.00

DOCUMENT # L02000002055

1. Entity Name
K&A PROPERTIES & INVESTMENTS, LLC

Principal Place of Business
380 S. STATE ROAD 434
#1004-174
ALTAMONTE SPRINGS, FL 32714 US

Mailing Address
380 S. STATE ROAD 434
#1004-174
ALTAMONTE SPRINGS, FL 32714 US

04032005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business
Suite, Apt. #, etc. 6227 Cartney Cove
City & State Apopka FL
Zip 32703 Country USA

3. Mailing Address 6227 Cartney Cove
Suite, Apt. #, etc.
City & State Apopka FL
Zip 32703 Country USA

4. FEI Number 30-0032790 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
KANAGA, RYAN Z
380 S. STATE ROAD 434
#1004-174
ALTAMONTE SPRINGS, FL 32714

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable) 6227 Cartney Cove
City Apopka FL Zip Code 32703

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] 4/10/05
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, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE	MGR ☐ Delete
NAME	KANAGA, RYAN Z
STREET ADDRESS	380 S. STATE ROAD 434, #1004-174
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
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STREET ADDRESS	
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TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS / CHANGES

TITLE	☒ Change ☐ Addition
NAME	
STREET ADDRESS	6227 Cartney Cove
CITY-ST-ZIP	Apopka FL 32703
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
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TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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.

SIGNATURE: [signature] 4/10/05 321-231-3060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #