2005 LIMITED LIABILITY COMPANY

Apr 27, 2005 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # L02000028999 KIRKLAND PROPERTIES, LLC Principal Place of Business Mailing Address 3-B MIRACLE STRIP LOOP 3-B MIRACLE STRIP LOOP PANAMA CITY BEACH, FL 32407 PANAMA CITY BEACH, FL 32407 04262005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 01-0749859 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KIRKLAND, JOEY DO NOT WRITE 3-B MIRACLE STRIP LOOP PANAMA CITY BEACH, FL 32407 IN THIS SPACE 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) Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. TITLE KIRKLAND, JOEY NAME STREET ADDRESS 3-B MIRACLE STRIP LOOP PANAMA CITY BEACH, FL 32407 CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY - ST- ZIP

11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f). 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 flability company or the receiver or trustee empoyered to execute this report as required by Chapter 608, Florida Statutes.

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

KIRKLAND

FILED

Daytime Phone #