2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUEBY MAY 1, 2008

Mailing Address

DOCUMENT # L03000002267

1. Entity Name

KATO PROPERTIES, LLC

Principal Place of Business



FILED Jan 31, 2008 08:00 AN Secretary of State

DELAND FL 32724 DELA		DELAND FL 32724	02 COVERED BRIDGE ROAD LAND FL 32724				
2. Principa: Place of Business - No P.O. Box #		3. Mailing Address				1881	
Suite, Apt. #. etc.		Suite, Apt. #. etc			1st MOORE CR2E083 (10/07)		
City & State		City & State			4. FEI Number 45-0501674 Applied Nor App		
Zip		Country	Zip Country		try	S. Certificate of Status Desired	
	6. Name a	and Address of Current	t Registered Agent	J		7. Name and Address of New Registered Agent	
					Name		
METCALFE, JEFFREY C			TO THE RESIDENCE OF THE PARTY O				
1502 COVERED BRIDGE ROAD DELAND FL 32724				Street Address (P.O. Box Number is Not Accentacre)			
					City	FL Z·p Code	
8. The above the obligat	named entity ions of registe	submits this statement for red agent.	or the purpose of changing its	registere	ed office or re	egistered agent, or both, in the State of Florida. I am familiar with, and a	accept
SIGNATURE .		encored have of log stered agen	Land the face ideals (NOTI	E Renatore	t Apart signatur	r required when reinstitling) DATE	
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					EE IS \$13		
			After May 1, Make Check Payab			1 7 1 1 1 1 0 0 9 1 1 1 0 1	
9.		MANAGING MEMBI	ERS/MANAGERS	10.		ADDITIONS/CHANGES	
TITLE	P		☐ Delete	TITLE	:		Addition
NAME	METCALFE,	JEFFREY C		NAMI		U00000807102	
STREET ADDRESS		RED BRIDGE RD		1	ET ADDRESS	02/06/08-80069-005 138.75	
CITY-ST-ZIP	DELAND FL	. 32724		CITY	-ST-ZiP		
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11. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

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