2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Nov 30, 2009
Secretary of State

DOCUMENT# L03000046943

Entity Name: K & C PROPERTIES LLC

Current Principal Place of Business:

225 MENTOR DRIVE
NAPLES, FL 34110

New Principal Place of Business:

Current Mailing Address:

225 MENTOR DRIVE
NAPLES, FL 34110

New Mailing Address:

FEI Number: 25-1911225 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ROY, CATHERINE A
225 MENTOR DRIVE
NAPLES, FL 34110 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	ROY, CATHERINE A	
Address:	225 MENTOR DRIVE	
City-St-Zip:	NAPLES, FL 34110	
Title:	MGRM	( ) Delete
Name:	ROY, RONALD R	
Address:	225 MENTOR DRIVE	
City-St-Zip:	NAPLES, FL 34110	
Title:	MGRM	(X) Delete
Name:	ROY, KENDALL M	
Address:	225 MENTOR DRIVE	
City-St-Zip:	NAPLES, FL 34110	
Title:	MGRM	(X) Delete
Name:	ROY, COLLIN A	
Address:	225 MENTOR DRIVE	
City-St-Zip:	NAPLES, FL 34110	
Title:	MGRM	(X) Delete
Name:	SAUNDERS, ABBIE	
Address:	217 MENTOR DRIVE	
City-St-Zip:	NAPLES, FL 34110	
Title:	MGRM	(X) Delete
Name:	SAUNDERS, JACK N	
Address:	217 MENTOR DRIVE	
City-St-Zip:	NAPLES, FL 34110	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CATHERINE A ROY MGRM 11/30/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date