2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

Mar 18, 2005 8:00 am Secretary of State DOCUMENT # L04000007192 03-18-2005 90382 011 ****55.00 KUNSHIER PROPERTIES, LLC Principal Place of Business Mailing Address 12248 SHERWOOD ROAD 12248 SHERWOOD ROAD BOKEELIA, FL 33922 BOKEELIA, FL 33922 2. Principal Place of Business 3. Mailing Address P. O. Box 52 Suite, Apt. #, etc. Suite, Apt. #, etc. 01312005 Chg-LLC CR2E083 (10/03) City & State 4. FEI Number Applied For 74-3113822 Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent _Name.__ KUNSHIER, DENA MARIE 12248 SHERWOOD ROAD Street Address (P.O. Box Number is Not Acceptable) BOKEELIA, FL 33922 Zip Code 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) alting, Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME KUNSHIER, DENA MARIE NAME STREET ADDRESS 12248 SHERWOOD ROAD STREET ADDRESS CITY-ST-7IP BOKEELIA, FL 33922 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TIT) F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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)(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.

TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

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