

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000043311

FILED  
Jul 05, 2005  
Secretary of State

**Entity Name:** KNS PROPERTY HOLDINGS LLC

**Current Principal Place of Business:**

3756 LAKE ST.  
FT. MYERS, FL 33901

**New Principal Place of Business:**

**Current Mailing Address:**

3756 LAKE ST.  
FT. MYERS, FL 33901

**New Mailing Address:**

FEI Number: 20-1182152      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

FRANKLIN, SCOTT  
3756 LAKE ST.  
FT. MYERS, FL 33901      US

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: FRANKLIN, SCOTT  
Address: 3756 LAKE ST.  
City-St-Zip: FT. MYERS, FL 33901

Title: MGRM      ( ) Delete  
Name: MCCLELLAND, KATIE  
Address: 3756 LAKE ST.  
City-St-Zip: FT. MYERS, FL 33901

**ADDITIONS/CHANGES:**

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 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 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: SCOTT FRANKLIN

PRES

07/05/2005

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