



2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000044718 1. Entity Name KAG PROPERTIES, LLC						SECRETARY OF STATE DIVISION OF CORPORATIONS 06 JAN 27 AM 11:35	
Principal Place of Business 10929 RIVERVIEW DRIVE RIVERVIEW, FL 33569 US				Mailing Address 10929 RIVERVIEW DRIVE RIVERVIEW, FL 33569 US			
2. Principal Place of Business 10929 Riverview Dr.		3. Mailing Address P.O. Box 2024					
Suite, Apt. #, etc. 1		Suite, Apt. #, etc. 		1172005 REIN-LLC CR2E101 (6/04)			
City & State Riverview, FL		City & State Brandon, Florida		4. FEI Number 65-1251651		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
Zip 33569		Country USA		Zip 33509		Country USA	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent GIVENS, KATHLEEN A 10929 RIVERVIEW DRIVE RIVERVIEW, FL 33569			
7. Name and Address of New Registered Agent Name Samuel Street Address (P.O. Box Number is Not Acceptable) City FL 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 Kathleen A Givens DATE 1-1-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$200.00				Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KATHLEEN A. GIVENS TRUST 10929 RIVERVIEW DRIVE RIVERVIEW, FL 33569 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	(MAILING ADDRESS) P.O. Box 2024 BRANDON, FLORIDA 33509 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT US-06 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	900065074133 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 02/02/06--01017--020 ***205.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
11. I hereby certify that the information supplied with this filing 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.							
SIGNATURE: Kathleen A Givens <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				1-1-06 813-404 9442 <small>Date Daytime Phone #</small>			