


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 09, 2007 8:00 am
Secretary of State

03-09-2007 90135 048 ****50.00

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|---|---|
| DOCUMENT # L04000044921 1. Entity Name KAH CHING PROPERTIES LLC |  |
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| Principal Place of Business 5342 CLARK RD #164 SARASOTA, FL 34233 | Mailing Address 5342 CLARK RD #164 SARASOTA, FL 34233 |
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|--|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |



03062007 Chg-LLC CR2E083 (12/06)

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| 6. Name and Address of Current Registered Agent POSTNET POSTAL AND BUSINESS SERVICES 5342 CLARK RD SARASOTA, FL 34233 | 7. Name and Address of New Registered Agent Name <u>Paul Harding</u> Street Address (P.O. Box Number is Not Acceptable) <u>5117 Timber chase</u> City <u>Sarasota</u> FL Zip Code <u>34235</u> |
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| 4. FEI Number 20-1249969 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |

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 Paul Harding (NOTE: Registered Agent signature required when reinstating) DATE 3/7/07

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| Filing Fee is \$50.00 Due by May 1, 2007 | | Make check payable to Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGMR MCKENNA, BRIAN <input type="checkbox"/> Delete 5342 CLARK RD #164 SARASOTA, FL 34233 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGMR MCKENNA, C.S. <input type="checkbox"/> Delete 5342 CLARK RD SARASOTA, FL 34233 | 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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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 exemptions contained in Chapter 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: Brian McKenna mgr. DATE: 3/7/07 DAYTIME PHONE #: 941-321-9153

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