


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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

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)

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

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
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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