
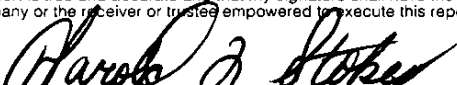


# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

\$50.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 NOV 13 AM 8:46

DOCUMENT # L04000051699					
1. Entity Name KAR PROPERTIES, LLC					
Principal Place of Business 3998 COUNTY ROAD 119 BRYCEVILLE, FL 32009			Mailing Address 3998 COUNTY ROAD 119 BRYCEVILLE, FL 32009		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 09262006 REIN-LLC CR2E101 (11/05) APPLIED FOR 20-1366492 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
AKEL, DANIEL D ONE INDEPENDENT DRIVE, STE. 2301 JACKSONVILLE, FL 32202-5059			Name		
			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, 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 STOKES, HAROLD F 3998 COUNTY ROAD 119 BRYCEVILLE, FL 32009		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600081824086 11/15/06--01052--014 **200.00	
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	
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: 			11-9-06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

Harold F. Stokes  
3998 County Road 199  
Bryceville, FL 32009

October 30, 2006

Florida Department of State  
Secretary of State  
Sue M. Cobb  
DIVISION OF CORPORATIONS  
P.O. Box 6327  
Tallahassee, Florida 32314

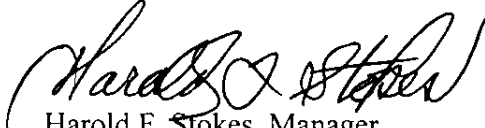
Re: KAR Properties, LLC  
Doc# L04000051699

Dear Ms. Cobb:

Enclosed please find a 2006 Limited Liability Company Reinstatement form. I am enclosing the \$50 annual report fee. I would like to respectfully request abatement of the \$150 reinstatement fee. At the time of the required annual renewal, I had to have open-heart surgery and was unable to attend to business matters. I am now able to return to my normal duties, however the filing deadline has passed.

Thank you for your understanding and consideration of this request.

Sincerely,

  
Harold F. Stokes, Manager