## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

May 02, 2006 8:00 am Secretary of State **DOCUMENT # L04000064953** 05-02-2006 90031 023 \*\*\*\*50.00 1. Entity Name KWS II, L.L.C. **40044004** Principal Place of Business Mailing Address 2039 CENTRE POINTE BLVD., SUITE 201 2039 CENTRE POINTE BLVD., SUITE 201 TALLAHASSEE, FL. 32308 TALLAHASSEE, FL 32308 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03302006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For 20-1572012 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GOLDBERG, STUART E Street Address (P.O. Box Number is Not Acceptable) 2039 CENTRE POINTE BLVD., SUITE 201 TALLAHASSEE, FL 32308 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM TITLE ☐ Delete TITLE ☐ Change ☐ Addition CHINOY, DAVID A NAME NAME STREET ADDRESS 100 BERMUDA BAY CIRCLE, UNIT 108 STREET ADDRESS CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082 CITY-ST-ZIP MGRM TITLE ☐ Delete TITLE ☐ Change ☐ Addition CHINOY, KATHY G NAME NAME STREET ADDRESS 100 BERMUDA BAY CIRCLE, UNIT 108 STREET ADDRESS PONTE VEDRA BEACH, FL 32082 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition GOLD BELL PROPERTIES, L.L.C. NAME NAME STREET ADDRESS 2039 CENTRE POINTE BLVD., SUITE 201 STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32308 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITI F Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS

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 repetiter or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-7IP

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

CITY-ST-ZIP

5-1-06

£50-222-4000

Daytime Phone #

**FILED**