2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 24, 2005 8:00 am
Secretary of State
01-10-2005 90053 035 ****50.00

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1. Entity Name
KOSTAL & DRAGE PROPERTY INVESTMENT GROUP, LLC

30000560

01072005 Chg-LLC CR2E083 (10/03)

Principal Place of Business	Mailing Address
6245 CLARK CENTER AVENUE SUITE K SARASOTA, FL 34238	6245 CLARK CENTER AVENUE SUITE K SARASOTA, FL 34238
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 20-1715413 ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DRAGE, SCOTT 6245 CLARK CENTER AVENUE SUITE K SARASOTA, FL 34238	Name ~~RC Center~~ SAME Street Address (P.O. Box Number is Not Acceptable) ~~Commercial Ct. Suite~~ City ~~Venice~~ FL Zip Code ~~[illegible]~~

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 ____________ (signed)
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, 2005		Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR DRAGE, SCOTT 6245 CLARK CENTER AVENUE ST K SARASOTA, FL 34238	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR KOSTAL, MARION 6245 CLARK CENTER AVENUE ST K SARASOTA, FL 34238	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: (signed) SCOTT DRAGE 1-7-5 941-921-3420
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #