


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 12, 2006 8:00 am**  
**Secretary of State**

01-12-2006 90035 022 \*\*\*\*55.00

<b>DOCUMENT # L04000083771</b> 1. Entity Name <b>KTW PROPERTIES, LLC</b>					
Principal Place of Business <b>901 BEGONIA ROAD CELEBRATION, FL 34747</b>			Mailing Address <b>901 BEGONIA ROAD CELEBRATION, FL 34747</b>		
2. Principal Place of Business <b>721 FRONT ST</b>		3. Mailing Address <b>721 FRONT ST</b>			
Suite, Apt. #, etc. <b># 240</b>		Suite, Apt. #, etc. <b># 240</b>			
City & State <b>CELEBRATION, FL</b>		City & State <b>CELEBRATION, FL</b>			
Zip <b>34747</b>		Country <b>USA</b>		Zip <b>34747</b>	
Country <b>USA</b>		4. FEI Number <b>04-3799728</b>			
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>HALL, TAYLOR 901 BEGONIA ROAD CELEBRATION, FL 34747</b>			7. Name and Address of New Registered Agent Name <b>HALL, TAYLOR</b> Street Address (P.O. Box Number is Not Acceptable) <b>721 FRONT ST # 240</b> City <b>CELEBRATION</b> <b>FL</b> Zip Code <b>34747</b>		
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 <u><b>TAYLOR HALL</b></u> DATE <u><b>01-09-06</b></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM WARONKER, DAVID 901 BEGONIA ROAD CELEBRATION, FL 34747</b>	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM HALL, TAYLOR 4833 SARATOGA BLVD. #278 CORPUS CHRISTI, TX 78413</b>	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM SIMPSON, KEVIN 4833 SARATOGA BLVD. #278 CORPUS CHRISTI, TX 78413</b>	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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.					
<b>SIGNATURE:</b> <u><b>TAYLOR HALL MGRM</b></u> DATE <u><b>01-09-06 (407)456-0599</b></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					