2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

Feb 27, 2006 08:00 AM DOCUMENT # L04000088933 **Secretary of State** t. Entity Name KKC PROPERTIES, LLC Principal Place of Business Mailing Address 7655 W. GULF TO LAKE HIGHWAY, SUITE 2 CRYSTAL RIVER FL 34429 7655 W. GULF TO LAKE HIGHWAY, SUITE 2 CRYSTAL RIVER FL 34429 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) Applied For 4. FEI Number City & State City & State 20-2033997 Not Applicable ZiΩ Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CARNEY, BRUCE E Street Address (P.O. Box Number is Not Acceptable) 7655 W. GULF TO LAKE HIGHWAY, SUITE 2 **CRYSTAL RIVER FL 34429** City Zia 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, typical or printed matte of registered agent and title if applicable (NOTE Registered Agent signal incliniquired when reinstating) DAIL FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS Change Addition THE TITLE MGRM ☐ Defete MAME NAME. CARNEY, BRUCE STREET ADDRESS STREET ADDRESS 7655 W GULF TO LAKE HWY, STE 2 U00000**4476**77 CRYSTAL RIVER FL 34428 CHY-ST-ZIP CITY-ST-ZIP 03/08/06-80064**-0**23 50**.**Q0 Delete Change Agent BILL NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Defete erre-TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SY-ZIP ☐ Delete Change Addit. Title TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CRY-ST-78 ☐ Defete ☐ Change ☐ Add*** TITLE 7)T) F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZYP CITY-ST-ZIP ☐ Accini TITLE Delete me Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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. 352

SIGNATUR

CULY-ST-ZIP

Bruce CARNEL

FILED

795-8888