2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED Mar 26, 2007 08:00 A Secretary of State DOCUMENT # L04000088933 1. Entity Name KKC PROPERTIES, LLC Principal Place of Business Mailing Address 7655 W. GULF TO LAKE HIGHWAY, SUITE 2 7655 W. GULF TO LAKE HIGHWAY, SUITE 2 CRYSTAL RIVER FL 34429 CRYSTAL RIVER FL 34429 2. Principal Place of Business - No PO. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) City & Stato City & State Applied For 4. FEI Number 20-2033997 Not Applicable Ζıp Country 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 Namo 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 Zip Code FI 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: Rag stered Agent signature reduired when reinstating) DATE FILE NOW!!! FEE IS \$50.00 U00000679362 04/03/07-80034-025 50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES THILE **MGRM** ☐ Delete Hit Change ☐ Addition NAME CARNEY, BRUCE NAME SIDEL LADDRESS 7655 W GULF TO LAKE HWY, STE 2 STREET ADDRESS CITY-ST-7IP CHV-S1-7IP CRYSTAL RIVER FL 34428 TITLE ☐ Delete HILE Change ■ Addition NAM NAME STREET ADDRESS STREET ADORESS CHY-SI-ZIP CITY-ST-ZIP TITLE Delete BIH Change Addition NAME NAMI STREET ADDRESS STRELT ADDRESS CHY-SI-ZIP CITY-S1-7/P THE ☐ Delete DHE Change Addition NAMI EFT ADDRESS STREET ADDRESS \$1-*7*1P CHY-SI-ZIP Delete IIItE ☐ Change ☐ Addition NAME STREET ADDRESS C1[Y-S]-7[P ☐ Delete HIIO' Change Addition NAM STREET ADDRESS CITY-ST-7IP At the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutos. I further certify that the information inport 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 name of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

352-795-9880

Daytime Phone ⊁

3-20-67