


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

4) **FILED**  
**May 22, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90032 003 \*\*\*\*50.00  
 05-22-2006 90207 009 \*\*\*\*50.00

**DOCUMENT # L05000017446**

1. Entity Name  
**KES PROPERTIES, LLC**



Principal Place of Business  
**18146 SOUTH PETEOSKEY CIRCLE  
 PORT CHARLOTTE, FL 33948**

Mailing Address  
**18146 SOUTH PETEOSKEY CIRCLE  
 PORT CHARLOTTE, FL 33948**

**20046018**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04122006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
**04-3811873**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**RHODES, ZOFIA  
 18146 SOUTH PETEOSKEY CIRCLE  
 PORT CHARLOTTE, FL 33948**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

City **FL** 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 *Zofia Rhodes* manager DATE 5-16-06

Signature, typed or printed name of registered agent and title if applicable. (NONE Registered Agent signature required when releasing)

**Filing Fee is \$50.00 Due by May 1, 2008**

**Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>Zofia Rhodes 18146 S. Petoskey Cir Manager Port Charlotte FL 33948</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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.

SIGNATURE: *Zofia Rhodes* manager DATE 5-16-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #