


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90132 047 ***138.75

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**

2. Principal Place of Business - No P.O. Box #
18146 South Petoskey Cir
 Suite, Apt. #, etc.

3. Mailing Address
18146 South Petoskey Circle
 Suite, Apt. #, etc.


City & State
Port Charlotte FL

City & State
Port Charlotte FL

Zip
33948 Country

Zip
33948 Country

00010660



01102008 Chg-LLC CR2E083 (12/06)

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 **Rhodes Zofia**

Street Address (P.O. Box Number is Not Acceptable)
18146 South Petoskey Circle

City **Port Charlotte** FL Zip Code **33948**

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  DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State


9. -MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RHODES, ZOFIA 18146 S. PETOSKEY CT PORT CHARLOTTE, FL 33948	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

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"/> Change <input type="checkbox"/> Addition
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"/> 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:  Date **2-28-08** Daytime Phone # **941-625-7121**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE