

2009 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2009 APR 21 AM 11:33

DOCUMENT # L05000017446

1. Entity Name
KES PROPERTIES LLC



Principal Place of Business Mailing Address

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

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

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

18146 South Petoskey Cir **18146 South Petoskey Circle**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Port Charlotte FL **Port Charlotte FL**

Zip Country Zip Country

33948 **33948**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01102008 Chg-LLC CR2E083(12/08)

4. FEI Number Applied For

04-3811873 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 the 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: _____

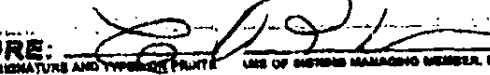
Signature, head or printed name of registrant (if not state if applicable) (NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$63

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RHODES, ZOFIA 18146 S. PETOSKEY CT PORT CHARLOTTE, FL 33948	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800150942898 04/17/09--01004--034
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
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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 in 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 assignee of the limited liability company and that I am authorized to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **2-1-09** **941661-7120**

SIGNATURE AND TYPE OR PRINT NAME OF EACH MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #