2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000034218

1. Entity Name KWC PROPERTIES, L.L.C.

Principal Place of Business

900 SIXTH AVENUE SOUTH

SUITE 203 NAPLES, FL 34112 US Mailing Address

900 SIXTH AVENUE SOUTH SUITE 203

NAPLES, FL 34112 US

FILED Mar 06, 2008 08:00 Al Secretary of State



01132008 No Chg-LLC

CR2E083 (12/07)

Applied For 4. FEI Number 20-2750385 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

SCHWEIKHARDT, KATHERINE A ESQ. 900 SIXTH AVENUE SOUTH **SUITE 203**

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NAPLES, FL 34112		IN THIS SPACE
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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating). DATE		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		
9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MINX, KATHRYN A 500 SOMERSET DR. W. INDIANAPOLIS, IN 46260	U00000849443 03/21/08-80020-023 138.75 DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-SY-ZIP	•	

11. I hereby certify that the information supplied with this filling 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 enfowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGE

NG MEMBER, OR AUTHORIZED REPRESENTATIVE