

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2007 8:00 am
Secretary of State

01-24-2007 90050 034 ****50.00

DOCUMENT # L05000045697	
1. Entity Name KESWICK PROPERTIES LLC	



Principal Place of Business 855 SEVENTH STREET SOUTH NAPLES, FL 34102	Mailing Address 700 ELEVENTH STREET SOUTH, PH-2 NAPLES, FL 34102
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00000457



2. Principal Place of Business - No P.O. Box # 4710 15th Ave SW 700 Eleventh Street S, PH 2	3. Mailing Address 4710 15th Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01222007 Chg-LLC CR2E083 (12/06)

City & State Naples, FL	City & State Naples FL
Zip 34102	Zip 34116
Country Collier	Country Collier

4. FEI Number 56-2513862	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent CAPITAL CONNECTION, INC. 417 E. VIRGINIA ST. STE. 1 TALLAHASSEE, FL 32301-1283
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7. Name and Address of New Registered Agent	
Name Candace B. Morrison	
Street Address (P.O. Box Number is Not Acceptable) 4710 15th Ave SW.	
City Naples	FL 34116

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 <i>Candace B. Morrison</i>	DATE 1-15-07
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Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FICUS GROUP LLC		NAME	
STREET ADDRESS 85 SEVENTH STREET SOUTH		STREET ADDRESS	
CITY-ST-ZIP NAPLES, FL 34102		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: <i>Candace B. Morrison</i>	DATE: 1-15-07	DAYTIME PHONE #: 239-289-6809
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