2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Mar 17, 2006 8:00 am Secretary of State DOCUMENT # L05000048544 03-17-2006 90027 038 ****50.00 KAYLEY PROPERTIES LLC Principal Place of Business Mailing Address 6817 SOUTHPOINT PARKWAY 6817 SOUTHPOINT PARKWAY # 1804 # 1804 JACKSONVILLE, FL 32216 JACKSONVILLE, FL 32216 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02272006 CR2E083 (11/05) City & State City & State 4. FEI Number Applied For 20-2856957 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BREW, GEORGE K Street Address (P.O. Box Number is Not Acceptable) **6817 SOUTHPOINT PARKWAY** # 1804 JACKSONVILLE, FL 32216 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES TITLE MGRM ☐ Delete TITLE Change ☐ Addition BREW, JANET P NAME NAME 2762 SEAGATE AV. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250 CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TTLE ☐ Delete TITLE Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition ☐ Delete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete 🛝 ☐ Change ☐ Addition ПΠЕ TITL F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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NAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #

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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.