


FILED  
Jun 29, 2007 8:00 am  
Secretary of State

5/21

05-02-2007 90353 027 \*\*\*150.00

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

<b>DOCUMENT # L05000074076</b>			
1. Entity Name <b>KOHL PROPERTIES, LLC</b>			
Principal Place of Business <b>2011 BELOTE PLACE JACKSONVILLE, FL 32207</b>		Mailing Address <b>2011 BELOTE PLACE JACKSONVILLE, FL 32207</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
02082007 Chg-LLC CR2E083 (12/06)		4. FEI Number <b>APPLIED FOR</b>	
		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>JAMES A. NOLAN, P.A. 4114 HERSCHEL STREET ST. JOHNS PROFESSIONAL CENTER #105 JACKSONVILLE, FL 32210</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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, the registered agent.			
SIGNATURE <i>[Signature]</i>		DATE	
Filing Fee is \$30.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM KOHL, MARK 2011 BELOTE PLACE JACKSONVILLE, FL 32207</b> <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 606, Florida Statutes.			
SIGNATURE: <i>[Signature]</i>		Date: <b>4-30-07</b>	

## ATTACHMENT

30011342  
#L05000074076

<b>Form SS-4</b> (Rev. December 2001) Department of the Treasury Internal Revenue Service		<b>Application for Employer Identification Number</b> (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) ▶ See separate instructions for each line. ▶ Keep a copy for your records.		<b>EIN</b> 20-3211170 OMB No. 1545-0003															
1* Legal name of entity (or individual) for whom the EIN is being requested KOHL PROPERTIES LLC																			
2 Trade name of business (if different from name on line 1)			3 Executor, trustee, "care of" name																
4a* Mailing address (room, apt., suite no. and street, or P.O. box) 2011 Belote Place			5a Street address (if different) (Do not enter a P.O. box)																
4b* City, state, and ZIP code Jacksonville FL 32207 -			5b City, state, and ZIP code																
6* County and state where principal business is located County Duval State FL																			
7a Name of principal officer, general partner, grantor, owner, or trustee Mark Kohl			7b SSN, ITIN, EIN 465-37-1684																
8a* Type of entity (check only one) <table border="0"> <tr> <td><input type="checkbox"/> Sole Proprietor (SSN)</td> <td><input type="checkbox"/> Estate (SSN of decedent)</td> </tr> <tr> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> Plan administrator (SSN)</td> </tr> <tr> <td><input type="checkbox"/> Corporation (enter form number to be filed) *</td> <td><input type="checkbox"/> Trust (SSN of grantor)</td> </tr> <tr> <td><input type="checkbox"/> Personal Service</td> <td><input type="checkbox"/> National Guard</td> </tr> <tr> <td><input type="checkbox"/> Church or church-controlled organization</td> <td><input type="checkbox"/> Farmers' cooperative</td> </tr> <tr> <td><input type="checkbox"/> Other nonprofit organization (specify) *</td> <td><input type="checkbox"/> REMIC</td> </tr> <tr> <td><input checked="" type="checkbox"/> Other (specify) * Single Member LLC</td> <td><input type="checkbox"/> Group Exemption NO. (GEN) *</td> </tr> </table>						<input type="checkbox"/> Sole Proprietor (SSN)	<input type="checkbox"/> Estate (SSN of decedent)	<input type="checkbox"/> Partnership	<input type="checkbox"/> Plan administrator (SSN)	<input type="checkbox"/> Corporation (enter form number to be filed) *	<input type="checkbox"/> Trust (SSN of grantor)	<input type="checkbox"/> Personal Service	<input type="checkbox"/> National Guard	<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> Farmers' cooperative	<input type="checkbox"/> Other nonprofit organization (specify) *	<input type="checkbox"/> REMIC	<input checked="" type="checkbox"/> Other (specify) * Single Member LLC	<input type="checkbox"/> Group Exemption NO. (GEN) *
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8b If a corporation, name the state or foreign country (if applicable) where incorporated			State FL		Foreign country														
9* Reason for applying (check only one) <table border="0"> <tr> <td><input checked="" type="checkbox"/> Started new business (specify type) * property management</td> <td><input type="checkbox"/> Banking purpose (specify purpose) *</td> </tr> <tr> <td><input type="checkbox"/> Hired employees (Check the box and see line 12)</td> <td><input type="checkbox"/> Changed type of organization (specify new type) *</td> </tr> <tr> <td><input type="checkbox"/> Compliance with IRS withholding regulations</td> <td><input type="checkbox"/> Purchased going business</td> </tr> <tr> <td><input type="checkbox"/> Other (specify) *</td> <td><input type="checkbox"/> Created a trust (specify type) *</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Created a pension plan (specify type) *</td> </tr> </table>						<input checked="" type="checkbox"/> Started new business (specify type) * property management	<input type="checkbox"/> Banking purpose (specify purpose) *	<input type="checkbox"/> Hired employees (Check the box and see line 12)	<input type="checkbox"/> Changed type of organization (specify new type) *	<input type="checkbox"/> Compliance with IRS withholding regulations	<input type="checkbox"/> Purchased going business	<input type="checkbox"/> Other (specify) *	<input type="checkbox"/> Created a trust (specify type) *		<input type="checkbox"/> Created a pension plan (specify type) *				
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	<input type="checkbox"/> Created a pension plan (specify type) *																		
10* Date business started or acquired (month, day, year) JUL 27 2005			11 Closing month of accounting year DEC																
12 First date wages or annuities were paid or will be paid (month, day, year) Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) * JUL 27 2005																			
13 Highest number of employees expected in the next twelve months Note: If the applicant does not expect to have any employees during the period, enter "0" *				Agriculture	Household														
					Other 1														
14* Check box that best describes the principal activity of your business																			
<input type="checkbox"/> Construction		<input type="checkbox"/> Rental & leasing		<input type="checkbox"/> Health care & social assistance															
<input checked="" type="checkbox"/> Real estate		<input type="checkbox"/> Transportation & warehousing		<input type="checkbox"/> Accommodation & food service															
<input type="checkbox"/> Other (specify)		<input type="checkbox"/> Finance & insurance		<input type="checkbox"/> Wholesale-agent/broker															
				<input type="checkbox"/> Wholesale-other															
15* Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. Property Management																			
16a* Has the applicant ever applied for an employer identification number for this or any other business? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Note: If "Yes" please complete lines 16b and 16c																			
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name * Trade name *																			
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (month, day, year) City and state where filed Previous EIN																			
Complete section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form																			
Third Party Designee	Designee's name JAMES A NOLAN PA				Designee's telephone number (include area code)														
	Address and ZIP code 4114 HERSCHEL ST - 105 JACKSONVILLE FL 32210 -				( 904 ) 425 - 3058 Designee's fax number (include area code) ( 904 ) 425 - 3059														
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. Name and title (type or print clearly) * MARK KOHL Signature * Not Required Date * July 27, 2005 GMT					Applicant's telephone number (include area code) ( ) - Applicant's fax number (include area code)														