2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 07, 2006
Secretary of State

DOCUMENT# L05000092386

Entity Name: KEW PROPERTIES, LLC

Current Principal Place of Business:

725 SEVENTEENTH AVENUE SOUTH
ST. PETERSBURG, FL 33701

New Principal Place of Business:

751 SEVENTEENTH AVENUE SOUTH
ST. PETERSBURG, FL 33701

Current Mailing Address:

725 SEVENTEENTH AVENUE SOUTH
ST. PETERSBURG, FL 33701

New Mailing Address:

PO BOX 690
ST. PETERSBURG, FL 33731

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

WILSON, KATHRYN E
725 SEVENTEENTH AVENUE SOUTH
ST. PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

WILSON, KATHRYN E
751 SEVENTEENTH AVENUE SOUTH
ST. PETERSBURG, FL 33701 US

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.

SIGNATURE: _____ 09/07/2006
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: WILSON, KATHRYN E
Address: 725 SEVENTEENTH AVENUE SOUTH
City-St-Zip: ST. PETERSBURG, FL 33701

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: WILSON, KATHRYN E
Address: 751 SEVENTEENTH AVENUE SOUTH
City-St-Zip: ST. PETERSBURG, FL 33701

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KATHRYN E WILSON MGR 09/07/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date