

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000103876

Entity Name: KTS PROPERTIES, L.L.C.

FILED
Jan 07, 2009
Secretary of State

Current Principal Place of Business:

1526 HWY 17 N
BOSTWICK, FL 32007

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 75
BOSTWICK, FL 32007

New Mailing Address:

FEI Number: 20-3684126

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, KELLEY R
1526 HWY 17 N
BOSTWICK, FL 32007 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SMITH, KELLEY R
Address: P.O. BOX 75
City-St-Zip: BOSTWICK, FL 32007

Title: MGRM () Delete
Name: SMITH, TROY K
Address: 1301 RIVERPLACE BLVD., SUITE 1500
City-St-Zip: JACKSONVILLE, FL 32207

Title: MGRM () Delete
Name: BROWNING, SAMUEL S IV
Address: 129 KELLEY SMITH RANCH RD
City-St-Zip: PALATKA, FL 32177

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: KELLEY R. SMITH

MGRM

01/07/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date