


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90127 022 ***143.75

DOCUMENT # L05000122210	
1. Entity Name KAVON PROPERTIES LLC	

Principal Place of Business 277 BRANDY HILLS DR. PORT ORANGE, FL 32129 US	Mailing Address 277 BRANDY HILLS DR. PORT ORANGE, FL 32129 US
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60027379

2. Principal Place of Business - No P.O. Box # 5331 COQUINA SHORES LN.	3. Mailing Address 5331 COQUINA SHORES LN.
Suite, Apt. #, etc.	Suite, Apt. #, etc.



04122008 Chg-LLC CR2E083 (12/06)

City & State PORT ORANGE, FL	City & State PORT ORANGE, FL
Zip 32128	Zip 32128
Country FLORIDA	Country FLORIDA

4. FEI Number 71-0993968	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent NOVAK, PEGGY M 277 BRANDY HILLS DR. PORT ORANGE, FL 32129	
7. Name and Address of New Registered Agent Name PEGGY M. NOVAK Street Address (P.O. Box Number is Not Acceptable) 5331 COQUINA SHORES LN. City PORT ORANGE FL Zip Code 32128	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	#143.75 Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NOVAK, PEGGY M 277 BRANDY HILLS DR. PORT ORANGE, FL 32129 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NOVAK, PEGGY M. 5331 COQUINA SHORES LN. PORT ORANGE, FL 32128 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NOVAK, ALLEN J 277 BRANDY HILLS DR. PORT ORANGE, FL 32129 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NOVAK, ALLEN J. 5331 COQUINA SHORES LN. PORT ORANGE, FL 32128 <input checked="" 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
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
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
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

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: PEGGY M. NOVAK NOVAK 04/20/08 386-451-7919
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #