## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L06000032053

Entity Name: AGKU PROPERTIES, LLC

FILED Apr 27, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 470 LINKSIDE DRIVE DESTIN, FL 32550 LIS **Current Mailing Address: New Mailing Address:** 470 LINKSIDE DRIVE DESTIN, FL 32550 US FEI Number: 20-4577188 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MOFFATT, BRIAN 470 LINKSIDE DRIVE DESTIN, FL 32550 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: ADDITIONS/CHANGES: ( ) Delete Title: ( ) Change (X) Addition MOFFATT, ROBERT J Name: Name: Address: Address: 1609 SOUTHBROOK LANE City-St-Zip: City-St-Zip: TALLAHASSEE, FL 32312 Title: Title: ( ) Change (X) Addition ( ) Delete Name: Name: MOFFATT, ROBERT B Address: Address: 470 LINKSIDE DRIVE City-St-Zip: City-St-Zip: DESTIN, FL 32550 Title: () Delete Title: ( ) Change (X) Addition TAYLOR, BRIAN Name: Name: Address: Address: 1353 COLONIAL DRIVE City-St-Zip: City-St-Zip: TALLAHASSEE, FL 32303 Title: () Delete Title: MR ( ) Change (X) Addition Name: Name: GEBBIA, MARK 1353 COLONIAL DRIVE Address: Address: TALLAHASSEE, FL 32303 City-St-Zip: City-St-Zip: Title: () Delete Title: ( ) Change (X) Addition GLOVER, KENNETH Name: Name: 11121 CASTLEMAIN CIRCLE SOUTH Address: Address: City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32256 Title: () Delete Title: ( ) Change (X) Addition CALHOUN, GREGORY Name: Name: Address: Address: 140 SUMMER BREEZE ROAD PANAMA CITY BEACH, FL 32413 City-St-Zip: 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: ROBERT BRIAN MOFFATT MR 04/27/2007