

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000032053

Entity Name: AGKU PROPERTIES, LLC

FILED
Apr 30, 2008
Secretary of State

Current Principal Place of Business:

470 LINKSIDE DRIVE
DESTIN, FL 32550 US

New Principal Place of Business:

Current Mailing Address:

470 LINKSIDE DRIVE
DESTIN, FL 32550 US

New Mailing Address:

FEI Number: 20-4577188

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOFFATT, BRIAN
470 LINKSIDE DRIVE
DESTIN, FL 32550 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: MR () Delete
Name: MOFFATT, ROBERT J
Address: 1609 SOUTHBROOK LANE
City-St-Zip: TALLAHASSEE, FL 32312

Title: MR () Delete
Name: MOFFATT, ROBERT B
Address: 470 LINKSIDE DRIVE
City-St-Zip: DESTIN, FL 32550

Title: MR () Delete
Name: TAYLOR, BRIAN
Address: 1353 COLONIAL DRIVE
City-St-Zip: TALLAHASSEE, FL 32303

Title: MR () Delete
Name: GEBBIA, MARK
Address: 1353 COLONIAL DRIVE
City-St-Zip: TALLAHASSEE, FL 32303

Title: MR () Delete
Name: GLOVER, KENNETH
Address: 11121 CASTLEMAIN CIRCLE SOUTH
City-St-Zip: JACKSONVILLE, FL 32256

Title: MR () Delete
Name: CALHOUN, GREGORY
Address: 140 SUMMER BREEZE ROAD
City-St-Zip: PANAMA CITY BEACH, FL 32413

ADDITIONS/CHANGES:

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

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

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

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

Title: () Change () Addition
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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: BRIAN MOFFATT

M

04/30/2008

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