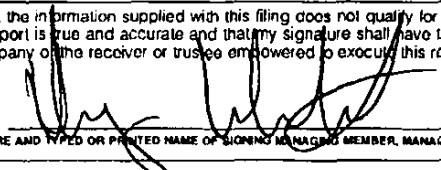


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 07, 2007 8:00 am
Secretary of State

04-16-2007 90337 046 ****50.00

DOCUMENT # L06000043114																																																																																																																																			
1. Entity Name XK8 PROPERTIES LLC																																																																																																																																			
Principal Place of Business 1 DOLPHIN DRIVE ST. AUGUSTINE FL 32080			Mailing Address 1 DOLPHIN DRIVE ST. AUGUSTINE FL 32080																																																																																																																																
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																																																																																																																																	
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																																	
City & State		City & State		4. FEI Number 20-5236826																																																																																																																															
Zip		Country		☐ Applied For ☐ Not Applicable																																																																																																																															
5. Certificate of Status Desired		☐ \$5.00 Additional Fee Required																																																																																																																																	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent																																																																																																																																
WHETSTONE, VIRGINIA A 1 DOLPHIN DRIVE ST. AUGUSTINE FL 32080			Name Street Address (P.O. Box Number is Not Acceptable) City																																																																																																																																
			FL Zip Code																																																																																																																																
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 re-registering) DATE _____																																																																																																																																			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007																																																																																																																																			
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="padding: 5px;">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="3" style="padding: 5px;">10. ADDITIONS/CHANGES</th> </tr> </thead> <tbody> <tr> <td style="width: 15%; padding: 5px;">TITLE</td> <td style="width: 65%; padding: 5px;">MGR</td> <td style="width: 20%; padding: 5px;">☐ Delete</td> <td style="width: 15%; padding: 5px;">TITLE</td> <td style="width: 65%; padding: 5px;"></td> <td style="width: 20%; padding: 5px;">☐ Change ☐ Addition</td> </tr> <tr> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;">WHETSTONE, VIRGINIA A</td> <td></td> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;"></td> <td></td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;">1 DOLPHIN DRIVE</td> <td></td> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;"></td> <td></td> </tr> <tr> <td style="padding: 5px;">CITY- ST- ZIP</td> <td style="padding: 5px;">ST. 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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  4/3/07 Date Daytime Phone #																																																																																																																																			