

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000044921

Entity Name: KEMKO PROPERTIES, LLC

FILED
Apr 30, 2008
Secretary of State

Current Principal Place of Business:

369 N MAIN ST.
CRESTVIEW, FL 32536 US

New Principal Place of Business:

Current Mailing Address:

369 N MAIN ST.
CRESTVIEW, FL 32536 US

New Mailing Address:

FEI Number: 51-0575406

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLLOWAY, JONATHAN T
1677 MAHAN CENTER BOULEVARD
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

HOLLOWAY, JONATHAN T
369 N. MAIN STREET
CRESTVIEW, FL 32536 US

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: JONATHAN T. HOLLOWAY

04/30/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KOLMETZ, JOSHUA K
Address: 262 NW 241ST STREET
City-St-Zip: NEWBERRY, FL 32669 US

Title: MGRM () Delete
Name: KOLMETZ, KRISTY L
Address: 262 NW 241ST STREET
City-St-Zip: NEWBERRY, FL 32669 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: KOLMETZ, JOSHUA K
Address: 369 N. MAIN STREET
City-St-Zip: CRESTVIEW, FL 32536 US

Title: MGRM (X) Change () Addition
Name: KOLMETZ, KRISTY L
Address: 369 N. MAIN STREET
City-St-Zip: CRESTVIEW, FL 32536 US

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: JOSHUA K KOLMETZ

MGRM

04/30/2008

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