2007 LIMITED LIABILITY COMPANY

Apr 19, 2007 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # L06000092542 04-19-2007 90039 039 ****50.00 1. Entity Name JDK PROPERTIES II LLC Mailing Address Principal Place of Business 4020 SOUTH PINE AVENUE **4020 SOUTH PINE AVENUE** OCALA, FL 34480 OCALA, FL 34480 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04162007 Chg-LLC CR2E083 (12/06) Applied For City & State City & State 4. FEI Number Not Applicable Country Zip Zip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KINDER, JACK D Street Address (P.O. Box Number is Not Acceptable) 4020 SOUTH PINE AVENUE OCALA, FL 34480 City 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. Change ■ Addition MGR ☐ Delete TITLE TITLE KINDER, JACK NAME NAME STREET ADDRESS 4020 SOUTH PINE AVENUE STREET ADDRESS CITY-ST-ZIP OCALA, FL 34480 CITY-ST-ZIP TITLE Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Channe Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS

Increasy certify that the information supplied with this limity does not quality for the exemptions contained in chapter 119, honda statutes. 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.

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

CITY-ST-ZIP

SIGNATURE: PED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CITY-ST-ZIP

Jack D. Kinder

4/16/2007

FILED

352-622-2460