

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 07, 2008 8:00 am
Secretary of State

05-07-2008 90019 017 ***138.75

DOCUMENT # L06000106231					
1. Entity Name GMKP PROPERTIES, LLC					
Principal Place of Business 348 MIRACLE STRIP PARKWAY SUITE # 39 FORT WALTON BEACH, FL 32548 US			Mailing Address 348 MIRACLE STRIP PARKWAY SUITE # 39 FORT WALTON BEACH, FL 32548 US		
2. Principal Place of Business - No P.O. Box # 1697 Hwy 98 West		3. Mailing Address 1697 Hwy 98 West			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Mary Esther, FL		City & State Mary Esther, FL			
Zip 32569		Country		4. FEI Number 38-3745921	
5. Certificate of Status Desired <input type="checkbox"/>		Additional Fee Required		04302008 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent PALZAK, GARY M 348 MIRACLE STRIP PARKWAY SUITE #39 FORT WALTON BEACH, FL 32548			7. Name and Address of New Registered Agent		
Name Keith Fenstemacher Street Address (P.O. Box Number is Not Acceptable) 1697 Hwy 98 West City Mary Esther FL Zip Code 32569			Name Keith Fenstemacher		
			Street Address (P.O. Box Number is Not Acceptable) 1697 Hwy 98 West		
			City Mary Esther FL Zip Code 32569		
			State FL		
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:  Keith A. Fenstemacher, MGR 4/30/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PAULZAK, GARY M 348 MIRACLE STRIP PARKWAY #39 FORT WALTON BEACH, FL 32548	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Keith Fenstemacher 1697 Hwy 98 West Mary Esther, FL 32569	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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 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:  Keith A. Fenstemacher MGR 4/30/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					