


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 16, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000114372 1. Entity Name K C PROPERTIES OF LAKE COUNTY, LLC	
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Principal Place of Business 17200 PERU ROAD UMATILLA, FL 32784	Mailing Address 5248 N ANDRI DR CRYSTAL RIVER, FL 33428
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01032008No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-2635932	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent WELKE, BRIAN J ESQ 531 NORTH BAY STREET EUSTIS, FL 32726

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U000000900483
04/29/08-80031-009 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BASTONE, KATHLEEN 17200 PERU ROAD UMATILLA, FL 32784
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FOSTER, DOUGLAS 17200 PERU ROAD UMATILLA, FL 32784
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM NELSON, CRYSTAL 5248 NORTH ANDRI DRIVE CRYSTAL RIVER, FL 34428
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM NELSON, GEORGE 5248 NORTH ANDRI DRIVE CRYSTAL RIVER, FL 34428
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

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: George Nelson **GEORGE NELSON** 4-8-08 352-563-2118
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #