

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000083754

Entity Name: KINCHELOE PROPERTY, LLC

FILED  
Jan 05, 2008  
Secretary of State

## Current Principal Place of Business:

3594 SOUTH OCEAN BLVD., #1007  
HIGHLAND BEACH, FL 33487

## New Principal Place of Business:

3594 SOUTH OCEAN BLVD.  
#1007  
HIGHLAND BEACH, FL 33487

## Current Mailing Address:

3594 SOUTH OCEAN BLVD., #1007  
HIGHLAND BEACH, FL 33487

## New Mailing Address:

3594 SOUTH OCEAN BLVD.  
#1007  
HIGHLAND BEACH, FL 33487

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FILINGS, INC.  
3732 NORTHWEST 16TH STREET  
FORT LAUDERDALE, FL 33311 US

## Name and Address of New Registered Agent:

LAVIGNE, GUY F MGRM  
3594 SO. OCEAN BLVD.  
#1007  
HIGHLAND BEACH, FL 33487 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: GUY F. LAVIGNE

01/05/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: LAVIGNE, GUY  
Address: 3594 SOUTH OCEAN BLVD., #1007  
City-St-Zip: HIGHLAND BEACH, FL 33487

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: LAVIGNE, GUY F  
Address: 3594 SOUTH OCEAN BLVD., #1007  
City-St-Zip: HIGHLAND BEACH, FL 33487

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: GUY F. LAVIGNE

MGRM

01/05/2008

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