

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000036326

FILED
Apr 30, 2012
Secretary of State

Entity Name: HOWARD KENNETH PROPERTIES, LLC.

Current Principal Place of Business:

13 MAGNOLIA LANE
ORMOND BEACH, FL 32174

New Principal Place of Business:

13 MAGNOLIA LANE
ORMOND BEACH, FL 321749200 US

Current Mailing Address:

13 MAGNOLIA LANE
ORMOND BEACH, FL 32174

New Mailing Address:

13 MAGNOLIA LANE
ORMOND BEACH, FL 321749200 US

FEI Number: 31-0844238

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLOSSOM, L. ROLAND
1171 ORANGE AVENUE
DAYTONA BEACH, FL 32114 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: HICKS SMITH, PATRICIA
Address: 13 MAGNOLIA LANE
City-St-Zip: ORMOND BEACH, FL 321749200 US

Title: MGRM
Name: SMITH, HOWARD C
Address: 13 MAGNOLIA LANE
City-St-Zip: ORMOND BEACH, FL 321749200 US

Title: MGR
Name: SMITH, KENNETH
Address: 13 MAGNOLIA LANE
City-St-Zip: ORMOND BEACH, FL 321749200 US

Title: CEO
Name: HICKS SMITH, PATRICIA
Address: 13 MAGNOLIA LANE
City-St-Zip: ORMOND BEACH, FL 321749200 US

Title: CFO
Name: SMITH, HOWARD C
Address: 13 MAGNOLIA LANE
City-St-Zip: ORMOND BEACH, FL 321749200 US

Title: COO
Name: SMITH, KENNETH
Address: 13 MAGNOLIA LANE
City-St-Zip: ORMOND BEACH, FL 321749200 US

I hereby 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: HOWARD C SMITH

CFO

04/30/2012

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