2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # M00000002559 FILED 1. Entity Name 01 APR 30 AM 11: 11 KMS PROPERTIES, LLC SECRETARY OF STATE Mailing Address TALLAHASSEE, FLORIDA Principal Place of Business 40 Patricia L. Kellnere 3595 Zinnia LN N Plymouth, MN 5544 1 2. Principal Place of Business 3. Mailing Address 3595 Zinnia LN N sara Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State Plymouth. MN 41-1987658 Not Applicable \$5.00 Additional Zip Country 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CT Corporation System 1200 South Pine Island Road Street Address (P.O. Box Number is Not Acceptable) Plantation, F1 33324 Zip Code FL 8. The above named entity submits this statement for the purpose of changing its egistered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) 000004221090--6 ---05/16/01--01126--019 FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State *****50.00 *****50.00 \$ 3 . ADDITIONS/CHANGES MANAGING MEMBERS/MEMBERS 10. President, Chief Manager Dersident, Clyst Mariage Delete Change TITLE Patricia L. Kellner NAME Vateleia R 3595 ZINNYA LN N 3595 Zinnia LN N STREET ADDRESS STREET ADDRESS Plymouth, MN 55441 Plymouth, MN 55441 CITY-ST-ZIP CITY-ST-ZIP Searetar 4 Secretacyo TITLE TITLE Robert MaNamara Robert McNamara NAME NAME IBR Realty 2844 Johnson STNE Mpls. MD 55418 IBR Realty X844 Johnson St NE STREET ADDRESS STREET ADDRESS CITY-SI-7IP Mals. MN SSHIB CITY-ST-ZIP Treasurer Change **Addition** Treasurde ☐ Delete TITLE TITLE Mark Schneper Mark Schniever NAME NAME IBR Realty 2844 Johnson St NE IBR Realty 2844 Johnson St NE STREET ADDRESS STREET ADDRESS CHY-ST-7IP Mpls. MU 55418 Mals MN 55418 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ___ Addition ☐ Change ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 eath; 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: Patricia L Tulkes) PATRICIA L Kellnok 4/23/01 163-577-1609
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #