## **2006 LIMITED LIABILITY COMPANY** FILED **ANNUAL REPORT** May 01, 2006 08:00 Al Secretary of State DOCUMENT # M04000003410 1. Entity Name SESS PROPERTIES II, LLC Principal Place of Business Mailing Address 229 BARROW ROAD 229 BARROW ROAD LEXINGTON, KY 40502 LEXINGTON, KY 40502 03222006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1284668 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent COSTELLO, TRUMAN J DO NOT WRITE 12670 NEW BRITTANY BLVD., SUITE 101 FORT MYERS, FL 33907 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. THE SEAKES THE SEE is a construction of the construction of the second of the construction of the constru Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS 9. **MGRM** TITLE

GESS, WILLIAM B III NAME STREET ACCORESS 229 BARROW ROAD LEXINGTON, KY 40502 CITY-ST-ZIP Unnnnnssnaa4 TITLE 05/13/06-80083-002 50.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 11. I hereby certify that the information supplied with this filling 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.

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SIGNATURE: July 30	4/24/06	859 543-1143
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTA:	L	Daytime Phone #