2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 17, 2007 8:00 am
Secretary of State

07-17-2007 90006 028 ****50.00

60052723

07062007 Chg-LLC CR2E083 (12/06)

DOCUMENT # M04000003410

1. Entity Name
GESS PROPERTIES II, LLC

Principal Place of Business	Mailing Address
229 BARROW ROAD LEXINGTON, KY 40502	229 BARROW ROAD LEXINGTON, KY 40502

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
151 NORTH EAGLE CREEK Rd	151 NORTH EAGLE CREEK Rd
Suite, Apt. #, etc.: SUITE 10	Suite, Apt. #, etc.: SUITE 10
City & State: LEXINGTON, KY	City & State: LEXINGTON, KY
Zip: 40509 / Country: USA	Zip: 40509 / Country: USA

4. FEI Number: 20-1284668 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COSTELLO, TRUMAN J 12670 NEW BRITTANY BLVD., SUITE 101 FORT MYERS, FL 33907	Name Street Address (P.O. Box Number is Not Acceptable) City: FL Zip Code

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

Filing Fee is $50.00
Due by September 14, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE	MGRM ☒ Delete	TITLE	MGRM ☒ Change ☐ Addition
NAME	GESS, WILLIAM B III	NAME	GESS, WILLIAM B III
STREET ADDRESS	229 BARROW ROAD	STREET ADDRESS	151 NORTH EAGLE CREEK Rd #10
CITY-ST-ZIP	LEXINGTON, KY 40502	CITY-ST-ZIP	LEXINGTON, KY 40509
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: _____ 7-13-07 859-543-1143
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #