


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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

DOCUMENT # M04000003410

1. Entity Name
 GESS PROPERTIES II, LLC



Principal Place of Business
 229 BARROW ROAD
 LEXINGTON, KY 40502

Mailing Address
 229 BARROW ROAD
 LEXINGTON, KY 40502

60052723



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

3. Mailing Address
 151 NORTH EAGLE CREEK Rd
 Suite, Apt. #, etc.
 SUITE 10
 City & State
 LEXINGTON, KY
 Zip
 40509
 Country
 USA

07062007 Chg-LLC CR2E083 (12/06)

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

COSTELLO, TRUMAN J
 12670 NEW BRITTANY BLVD., SUITE 101
 FORT MYERS, FL 33907

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Fee) Street Agent signature required when re-registering.

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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM GESS, WILLIAM B III 229 BARROW ROAD LEXINGTON, KY 40502 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GESS, WILLIAM B III 151 NORTH EAGLE CREEK Rd #10 LEXINGTON, KY 40509 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *William B Gess* 7-13-07 859-543-1143
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #