# 2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

**FILED**
**May 09, 2007**
**Secretary of State**

DOCUMENT# L04000051251

**Entity Name:** K2 HOMES LC

**Current Principal Place of Business:**

3898 BEACH DR SE
ST PETERSBURG, FL 33705 US

**New Principal Place of Business:**

**Current Mailing Address:**

3898 BEACH DR SE
ST PETERSBURG, FL 33705 US

**New Mailing Address:**

**FEI Number: 20-1437120** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

DESKOVICH, MARJORIE M
3898 BEACH DR SE
ST PETERSBURG, FL 33705 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: MGRM ( ) Delete
Name: KONRAD, GREGORY A
Address: 3898 BEACH DR SE
City-St-Zip: ST PETERSBURG, FL 33705 US

Title: MGRM ( ) Delete
Name: KONRAD, MARGARET E
Address: 3898 BEACH DR SE
City-St-Zip: ST PETERSBURG, FL 33705 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM ( ) Change (X) Addition
Name: DESKO HOMES LLC,
Address: 3898 BEACH DR SE
City-St-Zip: ST PETERSURG, FL 33705 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: GREGORY A KONRAD MGRM 05/09/2007

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