

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**Apr 03, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A03000001239</b>	
1. Entity Name <b>KAK, LLLP</b>	
Principal Place of Business <b>3534 SWANS LANDING LAND-O-LAKES, FL 34639</b>	Mailing Address <b>3534 SWANS LANDING LAND-O-LAKES, FL 34639</b>



03192008 No Chg-LP

CR2E003 (12/06)

4. FEI Number <b>20-0220363</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**LOVELACE, WILLIAM K ESQ.  
401 SOUTH LINCOLN AVENUE  
CLEARWATER, FL 33756**

**DO NOT WRITE  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2008, Fee will be \$900.00**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	<b>L03000030160</b>
NAME	<b>HHK, LLC</b>
STREET ADDRESS	<b>3534 SWANS LANDING</b>
CITY-ST-ZIP	<b>LAND-O-LAKES, FL 34639</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

000000829147  
04/15/08-80008-023 500.00

**DO NOT WRITE  
IN THIS SPACE**

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:**

*[Signature]*

**Kurt Hull**

**3/31/08**

**(813) 909-9644**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE