

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L01000011451

1. Entry Name
K & L, L.L.C.



FILED
Jun 26, 2008 08:00 AM
Secretary of State

Principal Place of Business
**511 HARBOR CAY DRIVE
LONGBOAT KEY FL 34228**

Mailing Address
**511 HARBOR CAY DRIVE
LONGBOAT KEY FL 34228**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

2nd MOORE CR2E083 (4/08)

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

4. FEI Number
65-1125731

Applied For
Not Applicable

Zip Country

Zip Country

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

**KASPER, ROBERT L
511 HARBOR CAY DRIVE
LONGBOAT KEY FL 34228**

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

FILE NOW!!! FEE IS \$538.75
Make Check Payable to Florida Department of State
Due By September 3, 2008

S.607 193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the limited liability company certifies it did not receive prior notice. Fee to file is \$138.75

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGR
KASPER, ROBERT L
511 HARBOR CAY DRIVE
LONGBOAT KEY FL 34228**

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

U00000953387
06/26/08-80002-006 138.75

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGRM
LOEB, ROBERT A
5709 ST ALBANS WAY
BALTIMORE MD 21212**

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
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CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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: Robert L. Kasper **ROBERT L. KASPER** 6/23/08 **941-347-7937**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE (Date) (Daytime Phone #)