

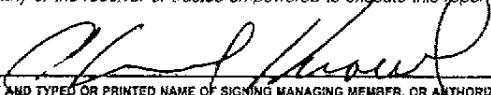


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 31, 2007 08:00 AM
Secretary of State

DOCUMENT # L02000015920 <small>1. Entity Name</small> K&K REAL PROPERTIES, L.L.C.																																												
<small>Principal Place of Business</small> 4034 ROBERTS POINT ROAD SARASOTA, FL 34242		<small>Mailing Address</small> PO BOX 5668 SARASOTA, FL 34277-5668																																										
DO NOT WRITE IN THIS SPACE		<div style="text-align: center;"></div> <div>01172007 No Chg-LLC CR2E083 (11/05)</div> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 80%;"><small>4. FEI Number</small> 03-0467571</td><td style="width: 20%;"><small>Applied For</small> <input type="checkbox"/> Not Applicable</td></tr><tr><td colspan="2"><small>5. Certificate of Status Desired</small> <input type="checkbox"/> \$5.00 Additional Fee Required</td></tr></table>	<small>4. FEI Number</small> 03-0467571	<small>Applied For</small> <input type="checkbox"/> Not Applicable	<small>5. Certificate of Status Desired</small> <input type="checkbox"/> \$5.00 Additional Fee Required																																							
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<small>6. Name and Address of Current Registered Agent</small> KNOWLES, CHARLES 4034 ROBERTS POINT ROAD SARASOTA, FL 34242		DO NOT WRITE IN THIS SPACE																																										
<small>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.</small>																																												
<div style="display: flex; justify-content: space-between;"><div><small>SIGNATURE</small> _____ <small>Signature, typed or printed name of registered agent and title if applicable</small></div><div><small>(NOTE: Registered Agent signature required when reinstating)</small></div><div><small>DATE</small> _____</div></div>																																												
Filing Fee is \$50.00 Due by May 1, 2007																																												
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<small>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.</small>																																												
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<div style="display: flex; justify-content: space-between;"><div>1/22/07</div><div>941-349-6400</div></div> <div style="display: flex; justify-content: space-between;"><div><small>Date</small></div><div><small>Daytime Phone #</small></div></div>																																										