


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 26, 2007 8:00 am
Secretary of State

01-26-2007 90079 002 ****50.00

DOCUMENT # L02000020456 1. Entity Name W.K., L.L.C.	
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Principal Place of Business 217 JOHN KNOX ROAD TALLAHASSEE, FL 3203	Mailing Address 217 JOHN KNOX ROAD TALLAHASSEE, FL 3203
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01152007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 35-2177658	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent KIRBY, ROBERT H 3836 EAST MILLERS BRIDGE TALLAHASSEE, FL 32312

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILKINSON, BENJAMIN H JR. 217 JOHN KNOX ROAD TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KIRBY, ROBERT 3836 EAST MILLERS BRIDGE TALLAHASSEE, FL 32312
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/23/07

Date

Daytime Phone #