


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 24, 2006 8:00 am**  
**Secretary of State**

02-24-2006 90245 043 \*\*\*\*50.00

DOCUMENT # L03000017826					
1. Entity Name <b>THE THREE K'S, LLC</b>					
Principal Place of Business <b>417 COMMERCIAL CT SUITE D VENICE, FL 34292</b>			Mailing Address <b>517 TAMiami Trail PT. Charlotte FL. 33953</b>		
2. Principal Place of Business <b>517 TAMiami TRAIL</b>			3. Mailing Address <b>517 TAMiami TRAIL</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <b>PORT CHARLOTTE, FL</b>			City & State <b>PORT CHARLOTTE, FL</b>		
Zip <b>33953</b>		Country <b>USA</b>		4. FEI Number <b>51-0466853</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>KRAWCZYK, WILLIAM L 417 COMMERCIAL CT VENICE, FL 34292</b>					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>517 TAMiami TRAIL</b> City <b>PORT CHARLOTTE FL 33953</b>					
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR <b>KRAWCZYK, WILLIAM L 417 COMMERCIAL CT SUITE D VENICE, FL 34292</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>517 TAMiami TRAIL PORT CHARLOTTE, FL 33953</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>William L Krawczyk</u>				Date: <u>2-20-06</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Daytime Phone #: <u>941-743-7171</u>	