


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 27, 2008 8:00 am**  
**Secretary of State**

02-27-2008 90077 003 \*\*\*138.75

<b>DOCUMENT # L03000033301</b>	
1. Entity Name <b>K &amp; F PROPERTIES LLC</b>	

Principal Place of Business <b>2180 W. FIRST STREET SUITE 212 FORT MYERS, FL 33901 US</b>	Mailing Address <b>2180 W. FIRST STREET SUITE 212 FORT MYERS, FL 33901 US</b>
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2. Principal Place of Business - No P.O. Box # <b>1639 Cape Coral Pkwy East Suite 208</b>	3. Mailing Address <b>1639 Cape Coral Pkwy East Suite 208</b>
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City & State <b>Cape Coral, FL</b>	City & State <b>Cape Coral, FL</b>
Zip <b>33904</b>	Zip <b>33904</b>
Country <b>USA</b>	Country <b>USA</b>



02192008 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>57-1188002</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>FISHER, DONALD B 2180 W FIRST STREET, STE 212 FORT MYERS, FL 33901</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable) <b>1639 Cape Coral Pkwy East</b>	
Suite 208	
City <b>Cape Coral</b>	FL Zip Code <b>33904</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 *Donald B Fisher* DATE 2-25-08  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM FISHER, DONALD B 2180 W. FIRST STREET, SUITE 212 FORT MYERS, FL 33901</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1639 Cape Coral Pkwy East, Suite 208 Cape Coral, FL 33904</b>
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: *Donald B Fisher* DATE 2-25-08 DAYTIME PHONE # 239 945-2858  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE