

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000045066

Entity Name: VK VENTURES, LLC

FILED
Feb 03, 2007
Secretary of State

Current Principal Place of Business:

2801 BUTTERFLY LANDING DRIVE
LAND O' LAKES, FL 34638

New Principal Place of Business:

7235 DERWENT GLEN CIRCLE
LAND O' LAKES, FL 34637

Current Mailing Address:

2801 BUTTERFLY LANDING DRIVE
LAND O' LAKES, FL 34638

New Mailing Address:

7235 DERWENT GLEN CIRCLE
LAND O' LAKES, FL 34637

FEI Number: 20-0408004

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOHLER, SCOTT
2801 BUTTERFLY LANDING DRIVE
LAND O' LAKES, FL 34638 US

Name and Address of New Registered Agent:

KOHLER, SCOTT
7235 DERWENT GLEN CIRCLE
LAND O' LAKES, FL 34637 US

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.

SIGNATURE:

02/03/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KOHLER, SCOTT
Address: 2801 BUTTERFLY LANDING DRIVE
City-St-Zip: LAND O' LAKES, FL 34638

Title: MGR () Delete
Name: VREELAND, GRANT
Address: 5815 LAGUNA WOODS CT.
City-St-Zip: TAMPA, FL 33625

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: KOHLER, SCOTT
Address: 7235 DERWENT GLEN CIRCLE
City-St-Zip: LAND O' LAKES, FL 34637

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SCOTT M. KOHLER

MGR

02/03/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date