


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90300 026 ****50.00

DOCUMENT # L03000048170			
1. Entity Name THREE K, LLC			
Principal Place of Business 277 PINWOOD DRIVE TALLAHASSEE, FL 32303		Mailing Address 3843 WEST LAKE HAMILTON DRIVE WINTER HAVEN, FL 33881	
2. Principal Place of Business - No P.O. Box # 3843 W. LAKE HAMILTON DR.		3. Mailing Address	
Suite, Apt. #, etc. WINTER HAVEN, FL		Suite, Apt. #, etc.	
City & State		City & State	
Zip 33881	Country USA	Zip	Country
4. FEI Number 13-4270058		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		01112007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent MATHEWS, MATT 277 PINWOOD DRIVE TALLAHASSEE, FL 32303		7. Name and Address of New Registered Agent Name CARRIE M. VANDENBOOM Street Address (P.O. Box Number is Not Acceptable) 3843 WEST LAKE HAMILTON DRIVE City WINTER HAVEN FL Zip Code 33881	
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 <u><i>Carrie Vandenberg</i></u> MANAGING MEMBER 1/11/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MATHEWS, EDWARD D 3843 WEST LAKE HAMILTON DRIVE WINTER HAVEN, FL 33881 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARRIE M. VANDENBOOM 3843 WEST LAKE HAMILTON DRIVE WINTER HAVEN, FL 33881 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAVID A. MATHEWS 3843 WEST LAKE HAMILTON DRIVE WINTER HAVEN, FL. 33881 <input type="checkbox"/> Change <input checked="" 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><i>Carrie Vandenberg</i></u>		Date <u>1/8/07</u> (863)294-9336	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	