


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

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

<b>DOCUMENT # L03000048170</b>			
1. Entity Name <b>THREE K, LLC</b>			
Principal Place of Business <b>277 PINWOOD DRIVE TALLAHASSEE, FL 32303</b>		Mailing Address <b>3843 WEST LAKE HAMILTON DRIVE WINTER HAVEN, FL 33881</b>	
2. Principal Place of Business - No P.O. Box # <b>3843 W. LAKE HAMILTON DR.</b>		3. Mailing Address	
Suite, Apt. #, etc. <b>WINTER HAVEN, FL</b>		Suite, Apt. #, etc.	
City & State		City & State	
Zip <b>33881</b>	Country <b>USA</b>	Zip	Country
4. FEI Number <b>13-4270058</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>MATHEWS, MATT 277 PINWOOD DRIVE TALLAHASSEE, FL 32303</b>		7. Name and Address of New Registered Agent Name <b>CARRIE M. VANDENBOOM</b> Street Address (P.O. Box Number is Not Acceptable) <b>3843 WEST LAKE HAMILTON DRIVE</b> City <b>WINTER HAVEN</b> FL Zip Code <b>33881</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 <u><i>Carrie M. Vandenboom</i></u> <b>MANAGING MEMBER</b> 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>			
<b>Filing Fee is \$50.00 Due by May 1, 2007</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	<b>MGR MATHEWS, EDWARD D 3843 WEST LAKE HAMILTON DRIVE WINTER HAVEN, FL 33881</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM CARRIE M. VANDENBOOM 3843 WEST LAKE HAMILTON DRIVE WINTER HAVEN, FL 33881</b> <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	<b>MGRM DAVID A. MATHEWS 3843 WEST LAKE HAMILTON DRIVE WINTER HAVEN, FL. 33881</b> <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 M. Vandenboom</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>	