


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Apr 10, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000048170
 1. Entity Name
THREE K, LLC



Principal Place of Business 3843 W. LAKE HAMILTON DR WINTER HAVEN, FL 33881	Mailing Address 3843 WEST LAKE HAMILTON DRIVE WINTER HAVEN, FL 33881
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DO NOT WRITE IN THIS SPACE



01152008No Chg-LLC CR2E083 (12/07)

4. FEI Number 13-4270058	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CARRIE M. VANDENBOOM
 3843 W. LAKE HAMILTON DR
 WINTER HAVEN, FL 33881**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$338.75

U00000888849
 04/22/08-80024-020 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MATHEWS, EDWARD D 3843 WEST LAKE HAMILTON DRIVE WINTER HAVEN, FL 33881
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VANDENBOOM, CARRIE M 3843 W. LAKE HAMILTON DR WINTER HAVEN, FL 33881
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MATHEWS, DAVID A 3843 W. LAKE HAMILTON DR WINTER HAVEN, FL 33881
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Carrie M. Vandenboom* **CARRIE M. VANDENBOOM** 4/7/08 (863) 294-9336
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #