


**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 <b>3843 W. LAKE HAMILTON DR WINTER HAVEN, FL 33881</b>	Mailing Address <b>3843 WEST LAKE HAMILTON DRIVE WINTER HAVEN, FL 33881</b>
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**DO NOT WRITE IN THIS SPACE**



01152008No Chg-LLC      CR2E083 (12/07)

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

**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 #