## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000051422

Entity Name: K-04, L.L.C.

City-St-Zip:

MT. DORA, FL 32757

FILED Feb 09, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** C/O KEYUR K. PATEL 15016 US HWY 441 EUSTIS, FL 32726 **Current Mailing Address: New Mailing Address:** C/O KEYUR K. PATEL 1031 AUGUSTUS LANE MT. DORA, FL 32757 FEI Number: 33-1110137 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PATEL, KEYUR 1031 AUGUSTUS LANE MT. DORA, FL 32757 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete PATEL, KEYÜR K Name: Name: Address: 1013 JULIETTE BLVD. Address: City-St-Zip: MT. DORA, FL 32757 City-St-Zip: Title: MGR () Delete Title: () Change () Addition PATEL, KRISHNA Name: Name: 2090 SUSSEX DRIVE Address: Address: City-St-Zip: MT. DORA, FL 32757 City-St-Zip: Title: MGR () Delete Title: () Change () Addition PATEL, INDU Name: Name: 2090 SUSSEX DRIVE Address: Address:

I hereby certify that the information supplied with this filing does not qualify 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.

City-St-Zip:

SIGNATURE: KEYUR PATEL MGRM 02/09/2009