2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000066858

Entity Name: THREE K, LLC.

City-St-Zip:

() Delete

Title:

Name:

Address:

City-St-Zip:

FILED Aug 13, 2005 Secretary of State

Current Pi	rincipal Place of Business:	New Principal Place of Business:
LOT 85	LIPS HIGHWAY VILLE, FL 32207	6912 BLOXHAM AVE JACKSONVILLE, FL 32208 US
	ailing Address:	New Mailing Address:
LOT 85	LIPS HIGHWAY VILLE, FL 32207	6912 BLOXHAM AVE JACKSONVILLE, FL 32208 US
	20-1603598 FEI Number Applied For () ce with s. 607.193(2)(b), F.S., the limited liability Address of Current Registered Agent:	FEI Number Not Applicable () Certificate of Status Desired () company did not receive the prior notice. Name and Address of New Registered Agent:
GIRARTE-PALACIOS, MINERVA 5001 PHILLIPS HWY. LOT 85 JACKSONVILLE, FL 32207 US		GIRARTE-PALACIOS, MINERVA 6912 BLOXHAM AVE JACKSONVILLE, FL 32208 US e purpose of changing its registered office or registered agent, or both,
in the State	e of Florida.	e purpose of changing its registered office of registered agent, or both,
SIGNATUR	RE: MINERVA PALACIOS-GIRARTE Electronic Signature of Registered	08/13/2005 Agent Date
MANAGING N	MEMBERS/MANAGERS:	ADDITIONS/CHANGES:
Title: Name: Address: City-St-Zip:	MGRM () Delete PALACIOS-GIRARTE, MINERVA 5001 PHILLIPS HWY. LOT 85 JACKSONVILLE, FL 32207	Title: MGRM (X) Change () Addition Name: PALACIOS-GIRARTE, MINERVA Address: 6912 BLOXHAM AVE City-St-Zip: JACKSONVILLE, FL 32208 US
Title: Name: Address: City-St-Zip:	() Delete	Title: MGRM () Change (X) Addition Name: ARGUETA, JOSE Address: 6912 BLOXHAM AVE City-St-Zip: JACKSONVILLE, FL 32208 US
Title: Name: Address:	() Delete	Title: MGRM () Change (X) Addition Name: LOPEZ, RAFAEL Address: 6912 BLOXHAM AVE.

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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:

Title:

Name:

Address:

City-St-Zip:

JACKSONVILLE, FL 32208 US

JACKSONVILLE, FL 32208 US

() Change (X) Addition

MRGM

AMAYA, SILVIÁ G

6912 BOXHAM AVE

SIGNATURE: MINERVA PALACIOS-GIRARTE MGRM 08/13/2005