2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 11, 2008 08:00 A
Secretary of State

DOCUMENT # L04000092974

1. Entity Name
KK TRUSTEE, LLC

Principal Place of Business	Mailing Address
106 EAST COLLEGE AVE., SUITE 1200 TALLAHASSEE, FL 32301	106 EAST COLLEGE AVE., SUITE 1200 TALLAHASSEE, FL 32301

DO NOT WRITE IN THIS SPACE

01082008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
59-3792901
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

WALLACE, NANCY M ESQ.
106 EAST COLLEGE AVE., SUITE 1200
TALLAHASSEE, FL 32301

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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 reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	KATZ, ALLAN J
STREET ADDRESS	106 EAST COLLEGE AVE., SUITE 1200
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	MGRM
NAME	LOVETT, JOHN C
STREET ADDRESS	106 EAST COLLEGE AVE., SUITE 1200
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	MGRM
NAME	KUTTER, EDWARD L
STREET ADDRESS	106 EAST COLLEGE AVE., SUITE 1200
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000780685
01/15/08-80004-015 138.75

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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: _____ Allan J. Katz 1/9/08 850-224-9634
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #