

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90075 049 ****50.00

60044926



DOCUMENT # L05000023655 1. Entity Name DOUBLE K PROPERTIES, LLC					
Principal Place of Business 2801 FRUITVILLE RD, STE 100 SARASOTA, FL 34237			Mailing Address 2801 FRUITVILLE RD, STE 100 SARASOTA, FL 34237		
2. Principal Place of Business - No P.O. Box # 2262 Gulf Gate Drive <small>Suite, Apt. #, etc.</small>		3. Mailing Address 2262 Gulf Gate Drive <small>Suite, Apt. #, etc.</small>			
City & State Sarasota, FL		City & State Sarasota, FL		4. FEI Number 20-2519273	
Zip 34231		Country Sarasota		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HRIC, MICHAEL 2801 FRUITVILLE RD, STE 100 SARASOTA, FL 34237				7. Name and Address of New Registered Agent Name Kenneth F. Kandefer Street Address (P.O. Box Number is Not Acceptable) 2262 Gulf Gate Drive City Sarasota FL Zip Code 34231	
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 <u><i>Kenneth F. Kandefer</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>4/25/07</u>					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KANDEFER, KENNETH F 2262 GULF GATE DR SARASOTA, FL 34231 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Kenneth F. Kandefer</i></u> DATE <u>4/25/07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE</small>					