


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000050352


1. Entity Name
ALBANY K, LLC



Principal Place of Business
**8934 CONROY WINDERMERE ROAD
 ORLANDO, FL 32835**

Mailing Address
**8934 CONROY WINDERMERE ROAD
 ORLANDO, FL 32835**

DO NOT WRITE IN THIS SPACE



03192007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 81-0673388	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**HUBMAN, CHRISTOPHER J
 8934 CONROY WINDERMERE ROAD
 ORLANDO, FL 32835**

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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)

**Filing Fee is \$50.00
 Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HUBMAN, CHRISTOPHER J 8934 CONROY WINDERMERE ROAD ORLANDO, FL 32835
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 04/03/07-80036-025 50.00

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: *Christopher J Hubman* 3/20/07 _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #