

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000061884

FILED  
May 02, 2007  
Secretary of State

Entity Name: FOUR K, L.L.C.

**Current Principal Place of Business:**

1314 LAFAYETTE STREET, SUITE C  
CAPE CORAL, FL 33904

**New Principal Place of Business:**

**Current Mailing Address:**

1314 LAFAYETTE STREET, SUITE C  
CAPE CORAL, FL 33904

**New Mailing Address:**

FEI Number: 20-3035212      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

HILL, THOMAS W  
1318 LAFAYETTE STREET  
CAPE CORAL, FL 33904      US

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:**

Title: MGRM ( ) Delete  
Name: HILL, THOMAS W  
Address: 1318 LAFAYETTE STREET  
City-St-Zip: CAPE CORAL, FL 33904

Title: MGRM ( ) Delete  
Name: BASERVA, JOSE  
Address: 1314 LAFAYETTE STREET, SUITE C  
City-St-Zip: CAPE CORAL, FL 33904

Title: MGRM ( ) Delete  
Name: SWFL LAND HOLDINGS,, LLC  
Address: 1314 LAFAYETTE STREET, SUITE C  
City-St-Zip: CAPE CORAL, FL 33904

Title: MGRM ( ) Delete  
Name: RICHARDSON, VICTOR  
Address: 1314 LAFAYETTE STREET, SUITE C  
City-St-Zip: CAPE CORAL, FL 33904

Title: MGRM ( ) Delete  
Name: SMITH, KARL  
Address: 115 GIDDINGS AVE.  
City-St-Zip: SEVERANA PARK, MD 21146

Title: MGRM ( ) Delete  
Name: KAISER, ALEXANDER  
Address: 2422 EL DORADO PKWY W  
City-St-Zip: CAPE CORAL, FL 33914

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: JOSE BASERVA

MGRM

05/02/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date