

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000074114

Entity Name: K-3 PROPERTIES, LLC

FILED
May 09, 2007
Secretary of State

Current Principal Place of Business:

2921 ALEXIS LANE
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

2921 ALEXIS LANE
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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:

KIKER, JACK E III
2921 ALEXIS LANE
TALLAHASSEE, FL 32308 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: KIKER, JACK E III
Address: 2921 ALEXIS LANE
City-St-Zip: TALLAHASSEE, FL 32308

Title: MGRM () Delete
Name: KIKER, JACK E JR.
Address: 407 SHORELINE DRIVE
City-St-Zip: GULF BREEZE, FL 32561

Title: MGRM () Delete
Name: KIKER, SHANNON S
Address: 407 SHORELINE DRIVE
City-St-Zip: GULF BREEZE, FL 32561

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:

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: JACK E. KIKER, III

MGMR

05/09/2007

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