

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000088905

Entity Name: K2 PROPERTIES, LLC

FILED
Jan 16, 2009
Secretary of State

Current Principal Place of Business:

ATTN: JEFFREY A. BISHOP
5008 NW 119TH TERRACE
CORAL SPRINGS, FL 33076

New Principal Place of Business:

Current Mailing Address:

ATTN: JEFFREY A. BISHOP
5008 NW 119TH TERRACE
CORAL SPRINGS, FL 33076

New Mailing Address:

FEI Number: 20-3458065

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KRAMER, WILLIAM S
GREENSPOON MARDER HIRSCHFELD RAKIN ROSS
2255 GLADES ROAD, SUITE 411-E
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

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: BISHOP, JEFFREY A
Address: 5008 NE 119TH TERRACE
City-St-Zip: CORAL SPRINGS, FL 33076

Title: MGRM () Delete
Name: BISHOP, CHRISTINE T
Address: 5008 NE 119TH TERRACE
City-St-Zip: CORAL SPRINGS, FL 33076

Title: MGRM () Delete
Name: DRODER, JUDITH A
Address: 2828 NE 40TH STREET
City-St-Zip: FT LAUDERDALE, FL 33308

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: CHRISTINE T. BISHOP

MGRM

01/16/2009

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