


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**


**FILED**  
**Jan 09, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000107975**  
 1. Entity Name  
 T & K PROPERTIES OF MADISON, LLC



Principal Place of Business: 282 SW DINKINS STREET, MADISON, FL 32340  
 Mailing Address: POST OFFICE BOX 507, MADISON, FL 32341

**DO NOT WRITE IN THIS SPACE**



01072008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 02-0758151	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 GORDON, KEITH A  
 491 SW RANGE AVE  
 MADISON, FL 32340

**DO NOT WRITE IN THIS SPACE**

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)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

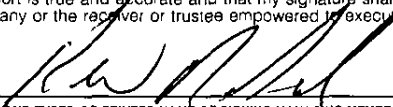
00000077967  
 01/10/08-80030-004 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GORDON, SIDNEY T 491 SW RANGE AVE MADISON, FL 32340
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**DO NOT WRITE IN THIS SPACE**

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:  DATE: 1/7/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #