## 2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## Mar 12, 2008 8:00 am Secretary of State DOCUMENT # L06000011500 03-12-2008 90237 006 \*\*\*138.75 F & K CONSTRUCTION LLC Principal Place of Business Mailing Address 0414140 12531 LIVE OAK STREET 12531 LIVE OAK STREET CEDAR KEY, FL 32625 CEDAR KEY, FL 32625 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. Chg-LLC 03062008 CR2E083 (12/06) City & State City & State Applied For 4. FEI Number 20-4229342 Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent rreddy Saim KIAM, FREDDY Street Address (P.O. Box Number is Not Acceptable) 12531 LIVE OAK STREET CEDAR KEY, FL 32625 SW ace 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 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 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES Á. 10. MORM tm € **MGRM** TITLE DA Change Addition ☐ Delete Kaim Freddy Kaim Place KAIM, FREDDY NAME 12531 LIVE OAK STREET STREET ADDRESS STREET ADDRESS Cedar CITY-ST-ZIP CEDAR KEY, FL 32625 CITY-ST-7IP MGRM MGRM Change . ☐ Delete ■ Addition TITLE Gary L Crosby 1983 1 SW USTH CROSBY, GARY L NAME NAME Place STREET ADDRESS 12531 LIVE OAK STREET STREET ADDRESS 32625 dar CITY-ST-ZIP CEDAR KEY, FL 32625 CITY-ST-ZIP MGRM MGRM 154 Change Addition Delete TITLE TITLE Jarrod Beckham BECKHAM, JARROD NAME 10831 SW USTA PLACE STREET ADDRESS 12531 LIVE OAK ST STREET ADORESS 32625 CITY-ST-ZIP CEDAR KEY, FL 32625 CITY-ST-ZIP ☐ Change Delete me ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITE F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TILE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

TYPED OR PRINTED NAME OF SKINING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Davtime Phone #