

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
May 27, 2008 8:00 am
Secretary of State

04-25-2008 90015 008 ***138.75

DOCUMENT # L06000025940					
1. Entity Name R&K LEWIS DRIVE, LLC					
Principal Place of Business 6753 CALISTOGA CIRCLE PORT ORANGE FL 32128 US			Mailing Address 6753 CALISTOGA CIRCLE PORT ORANGE FL 32128 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number NO-T APPLICABLE	
Zip		Country		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GRAVES, RICHARD C 6753 CALISTOGA CIRCLE PORT ORANGE FL 32128			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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 _____ (NOTE: Registered Agent signature required when changing) Signature, typed or printed name of registered agent and title if applicable.					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee Will Be \$538.75 Make Check Payable to: Florida Department of State					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GRAVES, RICHARD C 6753 CALISTOGA CIRCLE PORT ORANGE FL 32128	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GRAVES, KAREN M 6753 CALISTOGA CIRCLE PORT ORANGE FL 32128	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ _____ _____ _____	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ _____ _____ _____	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ _____ _____ _____	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ _____ _____ _____	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ _____ _____ _____	☐ Delete			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 it 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: <i>Karen M. Graves</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			DATE: <i>5-23-08</i>		
CONTROL NUMBER: <i>386-788-6528</i>			CONTROL NUMBER:		