
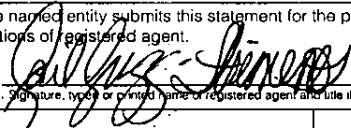



# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 10, 2008 8:00 am**  
**Secretary of State**

03-10-2008 90339 028 \*\*\*138.75

<b>DOCUMENT # L06000035578</b> 1. Entity Name <b>K MASON, LLC</b>					
Principal Place of Business <b>3755 LAKE CENTER DRIVE MT. DORA, FL 32757</b>			Mailing Address <b>1715 LAKE TERRACE DR EUSTIS, FL 32726</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>1048 Strimenos Lane</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>leesburg, FL</b>		4. FEI Number <b>20-4635546</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
Zip <b>34748</b>		Country		01212008 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent  <b>MASON, KRISTIN M 1715 LAKE TERRACE DR EUSTIS, FL 32726</b>				7. Name and Address of New Registered Agent Name <b>Gail Gregg-Strimenos</b> Street Address (P.O. Box Number is Not Acceptable) <b>1048 Strimenos Lane</b> City <b>leesburg</b> <b>FL</b> Zip Code <b>34748</b>	
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 reinstating) <b>1-25-08</b>					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>				Make check payable to <b>Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MASON, KRISTIN M <input checked="" type="checkbox"/> Delete 1715 LAKE TERRACE DR EUSTIS, FL 32726			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KRIETE, JOHN D <input type="checkbox"/> Delete 1302 S 8TH ST LEESBURG, FL 34748			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Gail Gregg-Strimenos <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1048 Strimenos Lane leesburg, FL 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  <b>GAIL GREGG-STRIMENOS</b> <b>1-25-08</b> <b>352-267-4865</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					