


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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<b>DOCUMENT # L06000046903</b> 1. Entity Name <b>K &amp; K INVESTMENTS, LLC</b>					
Principal Place of Business <b>2503 CULBREATH COVE CT VALRICO, FL 33594 US</b>			Mailing Address <b>2503 CULBREATH COVE CT VALRICO, FL 33594 US</b>		
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 <b>04132007 Chg-LLC CR2E083 (12/06)</b>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DONOFRIO, KEVIN 2503 CULBREATH COVE CT VALRICO, FL 33594</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM DONOFRIO, KEVIN 2503 CULBREATH COVE CT VALRICO, FL 33594</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>300103099059 05/23/07--01019--013 **111.25</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM DONOFRIO, KATRINA 2503 CULBREATH COVE CT VALRICO, FL 33594</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date <b>4-16-07</b> Daytime Phone # <b>813-654-6568</b>	

FILED  
07 MAY -9 PM 4:26  
TALAHASSEE, FLORIDA

