## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 23, 2007 8:00 am Secretary of State

DOCUMENT # L06000073904  1. Entity Name K & K COMMERCIAL CONDOMINIUM, LLC							90378 038 ***	*55.00
Principal Plac	e of Business	Mailing Address		<del></del>	1	6003916	3	
% LTC SCOTT BEACH 679 LINNEVILLE FALLS DR. W. MELBOURNE, FL 32904 US		% LTC SCOTT BEACH 679 LINNEVILLE FALLS W. MELBOURNE, FL 32						II. EXTERI III (TE)
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04132007	Chg-LLC	CR2E083 (12/	06)
City & State 🖫		City & State			4. FEI Numb	er — 23 <i>8 3</i>	287n	Applied For Not Applicable
Zip	Country	Zip	Country	_	5. Certificate	of Status Desired	□ \$5.00 Fee Rec	Additional uired
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New	Registered Agent	
BEACH S	COTTN		Name	Bez	ach Scott H.			
BEACH, SCOTT N 4340 WOODHAVEN DRIVE MELBOURNE, FL 32935						er is Not Acceptab	le)	
			10	19 L	innevi	ile Fa		
	•		Lise	Stu	llelbon	me	FL 搜	20104
8. The above the obligat	named entity submits this statement folions of registered agent.	r the purpose of changing its	registered office	or register	ed agent, or bo	th, in the State of F		
SIGNATURE .								
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Agent sign	nature raquirec	when reinstating)		DATE	
	Signature, typed or printed name of registered agent illing Fee is \$50.00 ue by May 1, 2007	and title if applicable. (NOTE	E: Registered Agent sign	nature raquirec	d when reinstating)		DATE ke check payable ta Department of S	
			E: Registered Agent sign	nature raquirec	d when rainstating)	Florid	ke check payable la Department of S	
Fi D	iling Fee is \$50.00 ue by May 1, 2007				when rainstating)	Florid	ke check payable	tate
9. TITLE NAME STREET ADDRESS	iling Fee is \$50.00 ue by May 1, 2007  MANAGING MEMBE MGRM BEACH, SCOTT N 4340 WOODHAVEN DRIVE	RS/MANAGERS	10. TITLE NAME STREET ADDRESS	s	when rainstating)	Florid	ke check payable la Department of S	<b>tate</b> ge Addilion
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMBE MGRM BEACH, SCOTT N 4340 WOODHAVEN DRIVE MELBOURNE, FL 32935 MGRM BEACH, TERESA K 4340 WOODHAVEN DRIVE	RS/MANAGERS	10.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	s	when rainstating)	Florid	ke check payable to Department of \$ 6/CHANGES	ge Addition  ge Addition
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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 precute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND FIPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTA

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