## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000117803



FILED Apr 26, 2007 8:00 am Secretary of State

04-26-2007 90038 049 \*\*\*\*50.00

1. Entity Name K AND K COMMERCIAL PROPERTY 1, LLC											
Principal Place of Business 1531 S. TAMIAMI TRAIL SUITE 703 VENICE, FL 34285			Mailing Address 1531 S. TAMIAMI TRAIL SUITE 703 VENICE, FL 34285								
2. Principal Place of Business - No P.O. Box #		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02272007	Chg-LLC	CR2E	083 (12/06)			
City & State		City & State			4. FEI Numb	-061452	9	<del></del>	optied For ot Applicable		
Zip		Country	Zip	Cour	itry	5. Certificate	of Status Desired		\$5.00 Add Fee Require		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent						
WIN EIE ALBERT					Name						
KHLEIF, ALBERT 1531 S, TAMIAMI TRAIL SUITE 703			Street Add		Street Address	(P.O. Box Numb	er is Not Acceptable)	)			
VENICE, FL 34285					City				Zip Cod	g	
					i			FI	<b>-</b>   '		
	named entiti ions of regist	y submits this statement for tered agent.	the purpose of changing its	register	ed office or registe	ered agent, or bo	oth, in the State of Flor	rida. I am	n familiar with,	and accept	
SIGNATURE .	Signature, typed	or printed name of registered agent an	nd title if applicable. (NOTI	E: Registere	d Agent signature require	d when reinstating)		DATE		<del></del>	
Filing Fee is \$50.00 Due by May 1, 2007						Make check payable to Florida Department of State					
. Fi	iling Fee i ue by Ma	is \$50.00 y 1, 2007								e	
Fi D	iling Fee i ue by Ma	is \$50.00 y 1, 2007 MANAGING MEMBER	RS/MANAGERS	10.				Departr	nent of Stat	e	
D:	iling Fee ue by Ma	y 1, 2007	RS/MANAGERS	10.	 E		Florida 	Departr	nent of Stat	e Addition	
9. TITLE NAME	MGRM KHLEIF,	y 1, 2007  MANAGING MEMBER  ALBERT	☐ Delete	TITL	IE		Florida 	Departr	nent of Stat		
9. TITLE NAME STREET ADDRESS	MGRM KHLEIF, A	MANAGING MEMBER ALBERT AMIAMI TRAIL, SUITE 7	☐ Delete	TITL NAM STRI	EET ADDRESS		Florida 	Departr	nent of Stat		
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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 eath; 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.

MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MAI