

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

FILED
Jun 04, 2008 8:00 am
Secretary of State

04-25-2008 90016 005 ***138.75

DOCUMENT # L07000000741 1. Entity Name K-L PROPERTIES OF MARCO, LLC																											
Principal Place of Business 458 MARQUESAS CT. MARCO ISLAND FL 34145		Mailing Address 458 MARQUESAS CT. MARCO ISLAND FL 34145																									
2. Principal Place of Business - No P.O. Box # 7996 BARRANCAS Suite, Apt. #, etc.		3. Mailing Address 7996 BARRANCAS AVE Suite, Apt. #, etc.																									
City & State BOKEELIA, FLORIDA		City & State BOKEELIA, FLORIDA																									
Zip 33922	Country LEE	Zip 33922	Country LEE																								
4. FEI Number 20-8340031		Applied For ☐ Not Applicable																									
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		1st MOORE CR2E083 (10/07)																									
6. Name and Address of Current Registered Agent CONATSER, TIM 1559 SOUTH BARFIELD CT MARCO ISLAND FL 33145		7. Name and Address of New Registered Agent Name TIM CONATSER Street Address (P.O. Box Number is Not Acceptable) 7996 BARRANCAS AVE City BOKEELIA FL Zip Code 33922																									
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 <u><i>Tim Conatser</i></u> DATE <u>4-14-08</u> Signature of person or persons who is/are authorized agent who this is applicable (NOTE: Registered Agent is a position not used when necessary)																											
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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> TITLE MGRM NAME LAVALLEE, KEVIN STREET ADDRESS 458 MARQUESAS CT. CITY-ST-ZIP MARCO ISLAND FL 34145 </td> <td style="width: 50%; padding: 2px; text-align: right;"> ☒ Delete </td> </tr> <tr><td style="height: 40px;"></td><td style="text-align: right;">☐ Delete</td></tr> <tr><td style="height: 40px;"></td><td style="text-align: right;">☐ Delete</td></tr> <tr><td style="height: 40px;"></td><td style="text-align: right;">☐ Delete</td></tr> <tr><td style="height: 40px;"></td><td style="text-align: right;">☐ Delete</td></tr> <tr><td style="height: 40px;"></td><td style="text-align: right;">☐ Delete</td></tr> </table>		TITLE MGRM NAME LAVALLEE, KEVIN STREET ADDRESS 458 MARQUESAS CT. CITY-ST-ZIP MARCO ISLAND FL 34145	☒ Delete		☐ Delete		☐ Delete		☐ Delete		☐ Delete		☐ Delete	10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> TITLE MGRM NAME TIM CONATSER STREET ADDRESS 7996 BARRANCAS AVE CITY-ST-ZIP BOKEELIA, FL 33922 </td> <td style="width: 50%; padding: 2px; text-align: right;"> ☒ Change ☐ Addition </td> </tr> <tr><td style="height: 40px;"></td><td style="text-align: right;">☐ Change ☒ Addition</td></tr> <tr><td style="height: 40px;"></td><td style="text-align: right;">☐ Change ☐ Addition</td></tr> <tr><td style="height: 40px;"></td><td style="text-align: right;">☐ Change ☐ Addition</td></tr> <tr><td style="height: 40px;"></td><td style="text-align: right;">☐ Change ☐ Addition</td></tr> <tr><td style="height: 40px;"></td><td style="text-align: right;">☐ Change ☐ Addition</td></tr> </table>		TITLE MGRM NAME TIM CONATSER STREET ADDRESS 7996 BARRANCAS AVE CITY-ST-ZIP BOKEELIA, FL 33922	☒ Change ☐ Addition		☐ Change ☒ Addition		☐ Change ☐ Addition		☐ Change ☐ Addition		☐ Change ☐ Addition		☐ Change ☐ Addition
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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 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: <u><i>Tim Conatser</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date <u>4-14-08</u> 616-560-2775 Date Registered Office #																									