2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

| ANNUAL REPORT | | | | | | | | FILED | | | | |
|--|------------------|----------------------|--|--------------------|---------------|--|--|---|--|-----------------------|---------------------------|--|
| DOCUMENT # L07000020398 | | | | | | | | • | | | | |
| 1. Entity Name THREE K'S INVESTMENTS LLC | | | | | | | | 08 APR 25 PM 1: 17 | | | | |
| Principal Place of Business Mailing Address | | | | | | CONTINUE NO. | - | SECRETARIO DE STATE TALLAHASSEE, FLORIDA | | | | |
| 7671 COUNT | TY ROAD 78 | 7671 | Mailing Address 7671 COUNTY ROAD 78 | | | 1, | ALLHIM | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | |
| LABELLE, FL 33935 LABELLE, FL 33935 | | | | | | | | | | | | |
| 2. Principal Flace of Business - No P.O. Box # 3. Mailing Address | | | | | | | | | | | | |
| | • | | Suite, Apt. #, etc. | | | | 60133 1601 1604 1614 16 14 | | ###################################### | | | |
| Suite, Apt. | V. | Suite | | | | 01112008 | Chg-LLC | CR2E | 083 (12/06) | | | |
| City & State | | | City 8 | City & State | | | 4. FEI Numbe | r | | | plied For t Applicable | |
| Zip | Country | | | Zip Countr | | | 5. Certificate of Status Desired See Required \$5.00 Additional Fee Required | | | | | |
| 6. Name and Address of Current Registered Agent | | | | | · —— | 7. Name and Address of New Registered Agent | | | | | | |
| HOLT, AMY D | | | | | | Name | | | | | | |
| 7671 COUNTY ROAD 78 LABELLE, FL 33935 | | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| | | | | | | City | | | | □ Zip Code | | |
| 9. The above second estitus submits this statement for the aureans of changing its register. | | | | | | , | FL | | | | | |
| 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | | | | | |
| FILE NOW!!! FEE IS \$138.75 Make check payable to | | | | | | | | | | | | |
| After Ma | Fee will be \$5 | | FI | orida Departi | | 3 | | | | | | |
| 9. | | MANAGING I | L MEMBERS/MANA | GERS | 10. | | | ADDITI | ONS/CHANGE | S | | |
| TITLE NAME | MGRM | ETON G | | ☐ Defete | TITL | l l | | | | ☐ Change | ☐ Addition | |
| STREET ADDRESS | • | | | | | EET ADDRESS | | | | | | |
| CITY-ST-ZIP | | ,FL 33935 | | | _ | -ST-ZIP | | | | | | |
| TITLE NAME | MGRM HOLT, AM | MY D | | ☐ Detete | TITL | | ENE OE 41€ | 0012: | 9438 009018 | | ☐ Addition | |
| STREET ADDRESS | | | | | 1 | EET ADDRESS | 00714 | / UOUI | nnan10 |) **Z00 | .13 | |
| CITY-ST-ZIP | LABELLE | , FL 33935 | | | -ST-ZIP | | | | | | | |
| TITLE | | | | ☐ Delete | . TITL NAM | · | | | | ☐ Change | ☐ Addition | |
| STREET ADDRESS | | | | | | EET ADDRESS | | | | | | |
| CITY-ST-ZIP | | | | | _ | -ST-ZIP | | | | | P | |
| NAME | ĺ | | | Delete | TITL | | | | | ☐ Change | Addition | |
| STREET ADDRESS | | | | | | EET ADDRESS | | | | | | |
| CITY-ST-ZIP | | | | | <u> </u> | '-ST-ZIP | | | | | <u> </u> | |
| TITLE NAME | | | | ☐ Delete | IITL NAM | | | | | ☐ Change | Addition | |
| STREET ADDRESS | | | | | | EET ADDRESS | | | | | | |
| CITY-ST-ZIP | | | , | | | -ST-ZIP | | | | | | |
| TITLE NAME | | | | ☐ Delete | TITL | | | | | ☐ Change | Addition | |
| STREET ADDRESS | | | | | | EET ADDRESS | | | | | | |
| CITY-ST-ZIP | <u> </u> | | | | | '-ST-ZIP | | 5 () 6) | | 25. ab - a 40 - 1 - 5 | | |
| 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 truetee empowered to execute this report as required by Chapter 608, Florida Statutes. | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| SIGNATURE: * Y 124 08 × 803 013 1201 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | | | | | | | | | | |
| 1 | SIGNATURE | AND TYPED OR PRINTED | D NAME OF SIGNING M | ANAGING MEMBER, MA | ANAGER, O | R AUTHORIZED REPR | ESENTATIVE | Date | 1 | Daytime Phone # | | |