2008 LIMITED LIABILITY COMPANY

ANNUAL REPORT

FILED Feb 29, 2008 8:00 am Secretary of State

DOCUI 1. Entity Nam V & K , L		771					-	3 008 ***138	
Principal Plac	e of Business	Mailing Address			60	01174	5		
4912 SUMNER CREEK DRIVE JACKSONVILLE, FL 32258 4912 SUMNER CREEK DRIVE JACKSONVILLE, FL 32258								ONTH BOTH (BEN NORTH	## ### ###############################
2. Principal P 4918	lace of Business - No P.O. Box # Sumner Creek Dr.	3. Mailing Address 4918 Sumner Creek Dr.		r.					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			02212008	Chg-LLC	C	R2E083 (12/06)
City & State Jacksonville, FL 32258		City & State Jacksonville, FL 32258		258	4. FEI Numb	er			Applied For Not Applicable
Zip	Country	Zip	Country		5. Certificate	of Status Desi	red [\$5.00 A Fee Requi	
	6. Name and Address of Current F	Registered Agent			7. Name and	Address of N	lew Regist	ered Agent	
SHMARAE	EVA, VERA V		Name						
4912 SUM	NER CREEK DRIVE VILLE, FL FL		Street Address (F 4918 St			er is Not Accep reek D	otable) rive		
	,								
					ville	· <u>.</u>		FL 322	
	named entity submits this statement for ions of registered agent.	the purpose of changing its re	egistered office or	r registere	ed agent, or bo	th, in the State	of Florida.	I am familiar witl	n, and accept
SIGNATURE .									
	Signature, typed or printed name of registered agent at	nd title if applicable. (NOTE: F	Registered Agent signati	ure required	when reinstating)		1	DATE	
	NOW!!! FEE IS \$138.75 7 1, 2008 Fee will be \$538.75	d title if applicable. (NOTE: F	Registered Agent signal	ure required	when reinstating)	FI	Make ch	eck payable to partment of Sta	
	NOW!!! FEE IS \$138.75		Registered Agent signal	ure required	when reinstating)		Make ch	eck payable to partment of Sta	
9.	NOW!!! FEE IS \$138.75 71, 2008 Fee will be \$538.75 MANAGING MEMBER		10. TILE	ure required	when reinstating)		Make cho	eck payable to partment of Sta	nte
9. TITLE NAME	MANAGING MEMBER MRGM SHMARAEVA, VERA V	S/MANAGERS	10. TITLE NAME			ADDITI	Make chorida Dep	eck payable to partment of Sta NGES	nte
9.	NOW!!! FEE IS \$138.75 71, 2008 Fee will be \$538.75 MANAGING MEMBER	S/MANAGERS	10. TILE	491	8 Sumn		Make choorida Dep	nack payable to partment of Sta	nte
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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 execute this report as required by Chapter 608, Florida Statutes.

JRE: SIGNATURE AND TOBER OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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Date Daytime Phone #