## 2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

ANNUAL REPORT					SECRE	FILED TARY OF S.I.	ΔIF	
DOCUMENT # L07000103929 1. Entity Name K REED ENTERPRISES, LLC					DIVISIUN	23 PH 2:	HINN;	
Principal Place of Business 3111 W. DR. MARTIN LUTHER KING JR. BLVD. SUITE 100 TAMPA, FL 33607		Mailing Address 3111 W. DR. MARTIN LUTHER KING JR. BLVD. SUITE 100 TAMPA, FL 33607				81 1190 8 1178 HITE 1818 1718 H		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04112008	Chg-LLC	CR2E083 (12/06)		
City & State		City & State		4. FEI Number	6-1232	<i>uu 1</i> ——	oplied For pot Applicable	
Zíp	Country	Zip	Coun	try	5. Certificate	of Status Desired	S5.00 Ad Fee Require	
6. Name and Address of Current		Registered Agent		Name	7. Name and	Address of New R	egistered Agent	
BRESSAN, MICHAEL D 240 S. PINEAPPLE AVE., 10TH FLOOR SARASOTA, FL 34236					(P.O. Box Number is Not Acceptable)			
		City				FL Zip Coo	le l	
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 Signeture, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signeture required when reinstating)  DATE								
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75							e check payable to a Department of Stat	6
9.	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS/	CHANGES	<del></del>
TITLE MAME STREET ADDRESS CITY-ST-ZIP	MGR BREWSTER, LISA 17621 DRIFTWOOD LANE LUTZ, FL 33558	□ Deleta			•		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Deleta		1			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Oelete		· I			☐ Change	Addition
NAME STREET ADDRESS CITY-ST+ZIP		Delete		l l			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST+ZIP		□ Deleta					Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 11.   hereby c	certify that the information supplied with	Delete	слу-	T ADDRESS ST-ZIP			☐ Change	☐ Addition
11. I hereby certify that the information supplied with this fitting 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.								
SIGNATURE: Da ( Dusto )								

mailed 4/29/08 CK 1183 \$138.75