

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000002168

Entity Name: K CONSTRUCTION, LLC

FILED  
May 21, 2008  
Secretary of State

**Current Principal Place of Business:**

8551 HUDSON JAMES ROAD  
SUMMERFIELD, NC 27358

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 808  
SUMMERFIELD, NC 27358

**New Mailing Address:**

8551 HUDSON JAMES ROAD  
SUMMERFIELD, NC 27358

FEI Number: 20-1561223      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

KNIGHT, CYNTHIA A  
6526 S. KANNER HWY.  
SUITE 214  
STUART, FL 34997 US

**Name and Address of New Registered Agent:**

KNIGHT, CYNTHIA A  
300 EAST OAKLAND PARK BLVD.  
# 321  
FT. LAUDERDALE, FL 33334 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

05/21/2008

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: KNIGHT, CYNTHIA A  
Address: P.O. BOX 808  
City-St-Zip: SUMMERFIELD, NC 27358

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: KNIGHT, CYNTHIA A  
Address: 8551 HUDSON JAMES ROAD  
City-St-Zip: SUMMERFIELD, NC 27358

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CYNTHIA A. KNIGHT

MGR

05/21/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date