


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

**FILED**  
**Feb 05, 2008 8:00 am**  
**Secretary of State**

02-05-2008 90028 027 \*\*\*138.75

**DOCUMENT # L07000100980**

1. Entity Name  
**L, M & K PROPERTIES, LLC**




Principal Place of Business      Mailing Address  
**298 N.E. 325TH TRAIL**      **298 N.E. 325TH TRAIL**  
**OKEECHOBEE FL 34972**      **OKEECHOBEE FL 34972**  
**US**      **US**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



1st MOORE      CR2E083 (10/07)

4. FEI Number  
**26-1224948**      Applied For  
 Not Applicable

5. Certificate of Status Desired       **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**CORNETT, MARY N**  
**298 N.E. 325TH TRAIL**  
**OKEECHOBEE FL 34972**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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 *Mary N Cornett*      DATE **1-28-08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)      DATE

**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**

TITLE	<b>MGR</b>	<input type="checkbox"/> Delete
NAME	<b>CORNETT, MARY N</b>	
STREET ADDRESS	<b>298 N.E. 325TH TRAIL</b>	
CITY - ST - ZIP	<b>OKEECHOBEE FL 34972</b>	
TITLE	<b>MGRM</b>	<input type="checkbox"/> Delete
NAME	<b>CORNETT, LESLIE</b>	
STREET ADDRESS	<b>298 N.E. 325TH TRAIL</b>	
CITY - ST - ZIP	<b>OKEECHOBEE FL 34972</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

**10. ADDITIONS/CHANGES**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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: *Mary N Cornett*      Date: **1-28-08**      Daytime Phone #: **954-444-2516**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #