2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 07, 2005 8:00 am
Secretary of State
02-07-2005 90286 026 ****50.00

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1. Entity Name

E & K INVESTMENTS "LLC"

Principal Place of Business	Mailing Address
9660 SW 62 CT TRENTON FL 32693	9660 SW 62 CT TRENTON FL 32693

20008274

1st MOORE CR2E083 (10/04)

2. Principal Place of Business	3. Mailing Address
1127 NE 15th Ave	1127 NE 15th Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Trenton Fl	City & State: Trenton Fl
Zip: 32693 Country:	Zip: 32693 Country:

4. FEI Number 74-3071356 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
VANDERHEYDEN, ERIC G 9660 SW 62 CT TRENTON FL 32693	Name: Vanderheyden, Eric G. Street Address (P.O. Box Number is Not Acceptable): 1127 NE 15th Ave City: Trenton FL Zip Code: 32693

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 ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VANDERHEYDEN, ERIC 9660 SW 62 CT TRENTON FL 33693	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MgR Vanderheyden, Eric 1127 NE 15th Ave Trenton, Fl 32693	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VANDERHEYDEN, KELLY 9660 SW 62TH CT TRENTON FL 33693	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mgr Vanderheyden, Kelly 1127 NE 15th Ave Trenton, Fl 32693	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Kelly Vanderheyden 1-28-05 352-463-7512
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #