

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000050405

FILED  
Apr 09, 2009  
Secretary of State

Entity Name: TEK PROPERTIES, LLC.

**Current Principal Place of Business:**

19 WEST FLAGLER STREET  
1212  
MIAMI, FL 33130

**New Principal Place of Business:**

**Current Mailing Address:**

19 WEST FLAGLER STREET  
1212  
MIAMI, FL 33130

**New Mailing Address:**

FEI Number: 01-0804143      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

TIMOTHY K. BARKET, P.A.  
19 WEST FLAGLER STREET  
1212  
MIAMI, FL 33130 US

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

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

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: BARKET, TIMOTHY K  
Address: 19 WEST FLAGLER STREET  
City-St-Zip: MIAMI, FL 33130

Title: MGR ( ) Delete  
Name: BARKET, KELLY  
Address: 6760 S.W. 75 TERRACE  
City-St-Zip: MIAMI, FL 33143

Title: MGR ( ) Delete  
Name: RODRIGUEZ, EDDY  
Address: 4401 S.W. 89 AVENUE  
City-St-Zip: MIAMI, FL 33165

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: TIMOTHY K. BARKET

MGR

04/09/2009

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