
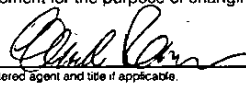



**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90279 001 ****50.00

20028400

DOCUMENT # L04000064743				
1. Entity Name G & K HOLDINGS, LLC				
Principal Place of Business 315 EAST STRAWBRIDGE AVENUE MELBOURNE, FL 32901		Mailing Address 315 EAST STRAWBRIDGE AVENUE MELBOURNE, FL 32901		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip		Zip		Country
6. Name and Address of Current Registered Agent RAMOS, GERALD B 315 EAST STRAWBRIDGE AVENUE MELBOURNE, FL 32901				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 _____				4/4/05
<small>Signature, typed or printed name of registered agent and title if applicable.</small>		<small>(NOTE: Registered Agent signature required when reinstating)</small>		<small>DATE</small>
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE	MGRM	<input type="checkbox"/> Delete		
NAME	RAMOS, GERALD B	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	315 EAST STRAWBRIDGE AVENUE	NAME		
CITY-ST-ZIP	MELBOURNE, FL 32901	STREET ADDRESS		
		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete		
NAME	RAMOS, KAREN D	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	315 EAST STRAWBRIDGE AVENUE	NAME		
CITY-ST-ZIP	MELBOURNE, FL 32901	STREET ADDRESS		
		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete		
NAME		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		NAME		
CITY-ST-ZIP		STREET ADDRESS		
		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete		
NAME		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		NAME		
CITY-ST-ZIP		STREET ADDRESS		
		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete		
NAME		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		NAME		
CITY-ST-ZIP		STREET ADDRESS		
		CITY-ST-ZIP		
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: _____				4/4/05 321 956 7111
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>		<small>Daytime Phone #</small>