

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 19, 2006 08:00 AM**  
**Secretary of State**

**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**

**DO NOT WRITE IN THIS SPACE**



03092006 No Chg-LLC CR2E083 (11/05)

4. FEI Number <b>20-2111786</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

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

**RAMOS, GERALD B  
 315 EAST STRAWBRIDGE AVENUE  
 MELBOURNE, FL 32901**

**DO NOT WRITE  
 IN THIS SPACE**

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: *Gerald B Ramos*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

4/15/06  
DATE

**Filing Fee is \$50.00  
 Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RAMOS, GERALD B 315 EAST STRAWBRIDGE AVENUE MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RAMOS, KAREN D 315 EAST STRAWBRIDGE AVENUE MELBOURNE, FL 32901
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**DO NOT WRITE  
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Gerald B Ramos*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/15/06  
Date

Daytime Phone #