

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90365 005 \*\*\*150.00

19016080

**DOCUMENT #** L04000073514

1. Entity Name  
**G&K Ventures, LLC**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**Real Estate Investment**

3. Mailing Address  
**22524 Cliffside Way**

Suite, Apt. #, etc.

City & State  
**Land O' Lakes, FL**

City & State  
**Land O' Lakes, FL**

Zip  
**34639**

Country  
**USA**

Zip  
**34639**

Country  
**USA**

4. FEI Number **20-1691910**

Applied For  
 Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Fran Giordano**

Street Address (P.O. Box Number is Not Acceptable)  
**22524 Cliffside Way**

City **Land O'Lakes** FL Zip Code **34639**

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 *Fran Giordano* DATE 4/20/05

Signature, typed or printed name of registered agent and date if applicable.

**FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM</b> <b>Tim Koen</b> <b>22532 Cliffside Way</b> <b>LAND O' LAKES, FL 34639</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR</b> <b>Fran Giordano</b> <b>22524 Cliffside Way</b> <b>LAND O LAKES FL 34639</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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: *Fran Giordano* DATE 4/20/05 Daytime Phone # 813 784-8543

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

*FRAN GIORDANO*

CR2E083B (12/02)