


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 16, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000073514	
1. Entity Name G & K VENTURES, LLC	

Principal Place of Business REAL ESTATE INVESTMENT LAND O LAKES, FL 34639	Mailing Address 22524 CLIFFSIDE WAY LAND O LAKES, FL 34639
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02202006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1691910	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**GIORDANO, FRAN
22524 CLIFFSIDE WAY
LAND O LAKES, FL 34639**

**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: *Fran Giordano* DATE: 2/20/06

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

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GIORDANO, FRAN 22524 CLIFFSIDE WAY LAND O LAKES, FL 34639
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KEON, TIMOTHY L 22524 CLIFFSIDE WAY LAND O LAKES, FL 34639
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03/28/06-80002-005 50.00

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IN THIS SPACE**

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: *Fran Giordano* DATE: 3/13/06 DAYTIME PHONE #: 813 784-8545

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #