

2006 LIMITED LIABILITY COMPANY ANNUAL-REPORT

FILED
Jan 12, 2006 8:00 am
Secretary of State

01-12-2006 90037 019 ****55.00

40000436



01092006 Chg-LLC CR2E083 (11/05)

4. FEI Number
 20-2809751

Applied For
 Not Applicable

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

DOCUMENT # L05000039638

1. Entity Name
 TK PROPERTIES, LLC



Principal Place of Business
 6325 JACQUELINE ARBOR DRIVE
 TEMPLE TERRACE, FL 33617

Mailing Address
 PO BOX 280231
 TAMPA, FL 33682

2. Principal Place of Business
 11213 N. Nebraska Ave

3. Mailing Address

Suite, Apt. #, etc.
 406C

Suite, Apt. #, etc.

City & State
 Tampa FL

City & State

Zip
 33612

Country
 USA

Zip

Country

6. Name and Address of Current Registered Agent

DRUMMOND, TEMPLE H
 6325 JACQUELINE ARBOR DRIVE
 TEMPLE TERRACE, FL 33617

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

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

Make check payable to
 Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
MGR KIMBERLY L. HANNAH-JONES 6606 MUCK POND RD Seffner FL 33584	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
MGR WILTON J. JONES 6606 MUCK POND RD Seffner FL 33584	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Kimberly L. Hannah-Jones / 1/9/06 813 977 4819
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #