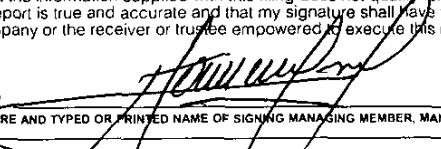


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 22, 2007 8:00 am
Secretary of State

08-22-2007 90051 020 ****50.00

DOCUMENT # L05000122885					
1. Entity Name PK L.L.C.					
Principal Place of Business 15525 S.W. 42 TERRACE MIAMI, FL 33185			Mailing Address 15525 S.W. 42 TERRACE MIAMI, FL 33185		
2. Principal Place of Business - No P.O. Box # 16653 SW 54 St		3. Mailing Address Suite, Apt. #, etc.			
City & State MIAMI FL		City & State		4. FEI Number 76-0811624	
Zip 33185		Country DADE		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MORENO, ITAMAR 15525 S.W. 42 TERRACE MIAMI, FL 33185			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MORENO, ITAMAR 15525 S.W. 42 TERRACE MIAMI, FL 33185	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MORENO, ITAMAR 16653 SW 54 St MIAMI FL 33185 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MORENO, MARIA ELENA 15525 S.W. 42 TERRACE MIAMI, FL 33185	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MORENO, MARIA ELENA 16653 SW 54 St MIAMI FL 33185 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: 			Date 8/16/07 Daytime Phone # (305) 225 5916		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					