

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M07000001995

**FILED**  
**Jan 30, 2008**  
**Secretary of State**

**Entity Name:** TPK, LLC

**Current Principal Place of Business:**

21 S. CLYDE AVE., SUITE 2  
KISSIMMEE, FL 34741

**New Principal Place of Business:**

**Current Mailing Address:**

21 S. CLYDE AVE., SUITE 2  
KISSIMMEE, FL 34741

**New Mailing Address:**

**FEI Number:** 20-8706938      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KOZAK, EDWARD  
21 S. CLYDE AVE., SUITE 2  
KISSIMMEE, FL 34741 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: P ( ) Delete  
Name: KOZAK, EDWARD  
Address: 21 SOUTH CLYDE AVENUE, SUITE 2  
City-St-Zip: KISSIMMEE, FL 34741 US

Title: VPST ( ) Delete  
Name: KOZAK, JERALYNN  
Address: 21 SOUTH CLYDE AVENUE, SUITE 2  
City-St-Zip: KISSIMMEE, FL 34741 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: EDWARD KOZAK

P

01/30/2008

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date