



2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # M07000007342 1. Entity Name GKK PROWORKS, LLC	
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Principal Place of Business 60 POINTE CIRCLE GREENVILLE, SC 29615	Mailing Address 60 POINTE CIRCLE GREENVILLE, SC 29615
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DO NOT WRITE IN THIS SPACE



03262008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-8289774	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

CORPORATION COMPANY OF ORLANDO
 300 SOUTH ORANGE AVENUE
 SUITE 1000 (DJC)
 ORLANDO, FL 32801-5403

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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)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

000000835909
 04/18/08-80033-013 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR POINTE CONSTRUCTION, LLC 60 POINTE CIRCLE GREENVILLE, SC 29615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GKKWORKS CONSTRUCTION SERVICES, INC. 20411 SW BIRCH STREET NEWPORT BEACH, CA 92660
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 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: Jayanth L. Ramia Date: 4-1-08

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