

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000007113

FILED
Mar 14, 2006
Secretary of State

Entity Name: G&K MANAGEMENT GROUP, LLC

Current Principal Place of Business:

9055 IBIS BLVD.
WEST PALM BEACH, FL 33412

New Principal Place of Business:

Current Mailing Address:

9055 IBIS BLVD.
WEST PALM BEACH, FL 33412

New Mailing Address:

FEI Number: 52-2317591

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPEER, GEORGE G
9055 IBIS BLVD
WEST PALM BEACH, FL 33412 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: MGR () Delete
Name: KITSON, SYDNEY
Address: 9055 IBIS BLVD
City-St-Zip: WEST PALM BEACH, FL 33412

Title: MGR (X) Delete
Name: LEEDER, MIKE
Address: 9055 IBIS BLVD
City-St-Zip: WEST PALM BEACH, FL 33412

Title: MGR (X) Delete
Name: SPEER, GEORGE G
Address: 9055 IBIS BLVD
City-St-Zip: WEST PALM BEACH, FL 33412

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: KITSON & PARTNERS, L, LC
Address: 9055 IBIS BLVD
City-St-Zip: WEST PALM BEACH, FL 33412

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 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: SYDNEY W. KITSON, AUTHORIZED REP.

AR

03/14/2006

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