2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L00000011930

1. Entity Name
KIRKMAN, L.L.C.

Principal Place of Business	Mailing Address
% SOUTHSTAR DEVELOPMENT PARTNERS, INC.	% SOUTHSTAR DEVELOPMENT PARTNERS, INC.
255 AHLAMBRA CIRCLE, SUITE 312	255 AHLAMBRA CIRCLE, SUITE 312
CORAL GABLES, FL 33134	CORAL GABLES, FL 33134

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03092006 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
65-1045570	Not Applicable

5. Certificate of Status Desired   ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

B&C CORPORATE SERVICES OF CENTRAL FL, INC.
390 N. ORANGE AVENUE, SUITE 1100
ORLANDO, FL 32801

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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_____

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

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	BENSON, NATHAN D
STREET ADDRESS	448 VIKING DR., STE. 220
CITY-ST-ZIP	VIRGINIA BEACH, VA 23452
TITLE	MGR
NAME	GOTTLIEB, RAYMOND L
STREET ADDRESS	448 VIKING DR., STE. 220
CITY-ST-ZIP	VIRGINIA BEACH, VA 23452
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: _____

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