


**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # L00000012689</b> 1. Entity Name <b>T &amp; K DELRAY, L.L.C.</b>	
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**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>398 N.E. 6TH AVENUE</b> Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
City & State <b>DELRAY BEACH, FL</b>	City & State
Zip <b>33483</b> Country <b>US</b>	Zip Country

200025196172  
12/03/03--01064--006, \*\*50.00  
DO NOT WRITE IN THIS SPACE

**FILED**  
**03 DEC -1 PM 6:08**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

<b>DO NOT WRITE IN THIS SPACE</b>	4. FEI Number <b>651052049</b>		Applied For
			Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name <b>CORPDIRECT AGENTS, INC.</b>		
	Street Address (P.O. Box Number is Not Acceptable)		
	<b>103 N. MERIDIAN STREET</b>		
	City <b>TALLAHASSEE</b>	FL	Zip Code <b>32301</b>

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____
<b>FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>DUE BY MAY 1</b>	

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM - KEVIN RICKARD, 398 N.E. 6TH AVE., DELRAY BEACH, FL 33483</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM - TIM HERNANDEZ, 398 N.E. 6TH AVE., DELRAY BEACH, FL 33483</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>AMENDED 2003 UBR</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Cynthia A. Hilda</i> Authorized Rep.	11-20-03
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date Daytime Phone #</small>

CR2E083B (12/02)