


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 05, 2004 8:00 am**  
**Secretary of State**

02-05-2004 90077 046 \*\*\*\*50.00

<b>DOCUMENT # L00000012776</b> 1. Entity Name <b>GK &amp; K MANAGEMENT, LLC</b>					
Principal Place of Business <b>17805 SW FIRST STREET PEMBROKE PINES, FL 33029</b>			Mailing Address <b>17805 SW FIRST STREET PEMBROKE PINES, FL 33029</b>		
2. Principal Place of Business <b>18560 SW 43RD STREET</b> Suite, Apt. #, etc.		3. Mailing Address <b>18560 SW 43RD STREET</b> Suite, Apt. #, etc.			
City & State <b>MIRAMAR</b> Zip <b>33029</b>		City & State <b>MIRAMAR</b> Zip <b>33029</b>		4. FEI Number <b>65-1044528</b> Applied For <input type="checkbox"/> Not Applicable	
Country 		Country 		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>KOHLMAN, STEVEN J 17805 SW FIRST STREET PEMBROKE PINES, FL 33029</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>18560 SW 43RD STREET</b> City <b>MIRAMAR</b> <b>FL</b> Zip Code <b>33029</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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOMEZ, MAURICIO 16150 SW 106 TERR. MIAMI, FL 33196 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOMEZ, MAURICIO 19516 SW 49TH COURT MIRAMAR, FL 33029 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KOHLMAN, STEVEN J 17805 SW FIRST STREET PEMBROKE PINES, FL 33029 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KOHLMAN, STEVEN J 18560 SW 43RD STREET MIRAMAR, FL 33029 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KOHLMAN, MICHELE A 17805 SW FIRST STREET PEMBROKE PINES, FL 33029 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KOHLMAN, MICHELE 18560 SW 43RD STREET MIRAMAR, FL 33029 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <u>Steven J. Kohlman</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			1.12.04 954 4337753 <small>Date Daytime Phone #</small>		

**24008055**



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