

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000012776

1. Entity Name
GK & K MANAGEMENT, LLC



Principal Place of Business
**18560 SW 43RD STREET
MIRAMAR, FL 33029**

Mailing Address
**18560 SW 43RD STREET
MIRAMAR, FL 33029**



01052005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1044528

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KOHLMAN, STEVEN J
18560 SW 43RD STREET
MIRAMAR, FL 33029**

**DO NOT WRITE
IN THIS SPACE**

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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
GOMEZ, MAURICIO
19516 SW 49TH COURT
MIRAMAR, FL 33029**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
KOHLMAN, STEVEN J
18560 SW 43RD STREET
MIRAMAR, FL 33029**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
KOHLMAN, MICHELE A
18560 SW 43RD STREET
MIRAMAR, FL 33029**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U000000175930
01/10/05-80072-006 50.00

**DO NOT WRITE
IN THIS SPACE**

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: Steven J. Kohlman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1.8.04

Date

954 4337753

Daytime Phone #