

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 13, 2006 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**



03012006 No Chg-LLC

CR2E083 (11/05)

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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	GOMEZ, MAURICIO
STREET ADDRESS	19516 SW 49TH COURT
CITY-ST-ZIP	MIRAMAR, FL 33029
TITLE	MGRM
NAME	KOHLMAN, STEVEN J
STREET ADDRESS	18560 SW 43RD STREET
CITY-ST-ZIP	MIRAMAR, FL 33029
TITLE	MGRM
NAME	KOHLMAN, MICHELE A
STREET ADDRESS	18560 SW 43RD STREET
CITY-ST-ZIP	MIRAMAR, FL 33029
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000466653
03/23/06-80019-007 50.00

**DO NOT WRITE
IN THIS SPACE**

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: *Steven J Kohlman*

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

3.1.06

Date

(954) 433-7753

Daytime Phone If