

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 20, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000005855**

1. Entity Name  
**IK MANAGEMENT, LLC**



Principal Place of Business  
**6981 LAKE DEVONWOOD DRIVE  
FT. MYERS, FL 33908**

Mailing Address  
**6981 LAKE DEVONWOOD DRIVE  
FT. MYERS, FL 33908**



02162004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1127866**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**GREEN, BRUCE D  
1520 ROYAL PALM SQUARE BLVD.  
SUITE 320  
FT. MYERS, FL 33919**

**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, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
KAGAN, JOHN C  
6981 LAKE DEVONWOOD DRIVE  
FORT MYERS, FL 33908**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
ISSAACSON MD PA, WAYNE  
4035 EVANS AVENUE  
FORT MYERS, FL 33901**

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

000000059406  
02/20/04-80080-014 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:** Wayne Isaacson, M.D. 2-17-04 239-466-1161

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

Date

Daytime Phone #