


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 24, 2007 8:00 am
Secretary of State

01-24-2007 90052 033 ****50.00

DOCUMENT # L01000013480	
1. Entity Name SFK CONSULTING, LLC	

Principal Place of Business KEY LARGO OCEAN RESORT 94825 OVERSEA'S HWY LOT 226 KEY LARGO FL 33037 US	Mailing Address P. O. BOX 1804 TAVERNIER FL 33070 US
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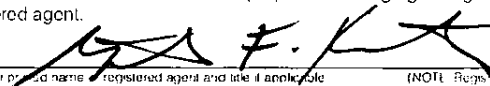
2. Principal Place of Business - No P.O. Box # SFK CONSULTING, LLC Suite, Apt. #, etc. 84959 OVERSEA'S HWY. City & State ISLAMORADA, FL. Zip 33036 Country USA	3. Mailing Address SFK CONSULTING, LLC Suite, Apt. #, etc. P.O. BOX 1804 City & State TAVERNIER, FL. Zip 33070 Country USA
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1st MOORE CR2E083 (10/06)

4. FEI Number 65-1131007	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent KURUTZ, STEPHEN F KEY LARGO OCEAN RESORT 94825 OVERSEA'S HWY LOT 226 KEY LARGO FL 33037	7. Name and Address of New Registered Agent Name KURUTZ, STEPHEN F. Street Address (P.O. Box Number is Not Acceptable) 84959 OVERSEA'S HWY City ISLAMORADA FL Zip Code 33036
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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.

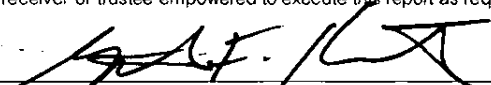
SIGNATURE  DATE 01/19/07

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KURUTZ, STEPHEN F 94825 OVERSEA'S HWY LOT 226 KEY LARGO FL 33037 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KURUTZ, STEPHEN F 84959 OVERSEA'S HWY ISLAMORADA, FL. 33036 <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
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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 exemptions contained in Section 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: 

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

Date Daytime Phone #