#### 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

#### **DOCUMENT # L02000012830**

Entity Name

PK INVESTMENTS OF SARASOTA, LLC



FILED Jan 30, 2007 08:00 AM Secretary of State

Principal Place of Business

4815 LAS VEGAS DRIVE Sarasota, FL 34233 Mailing Address

4815 LAS VEGAS DRIVE SARASOTA, FL 34233



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01252007No Chg-LLC CR2E083 (11/05)

4. FEI Number 02-0607574

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KIEFER, GLENN 4815 LAS VEGAS DRIVE SARASOTA, FL 34233

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	above named entity submits this statement for the purpose of cha bligations of registered agent.	unging its registered office of registered agent, or both, in the St	ate of Florida. I am familiar with, and accept
SIGNAT	URE.		
	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, 2007		
9.	MANAGING MEMBERS/MANAGERS		
ME	MGRM	· I	j
	METER OF EATH		

KIEFER, GLENN NAME STREET ADDRESS 4815 LAS VEGAS DRIVE CITY-ST-ZIP SARASOTA, FL 34233 TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP IIILE STREET ADDRESS CITY-ST-ZIP

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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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

-25-01

941-650-173

Daytime Phone #