


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000013057</b> 1. Entity Name LKLA, LLC	
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Principal Place of Business 3044 JOG RD. GREENACRES, FL 33467	Mailing Address 3044 JOG RD. GREENACRES, FL 33467
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**DO NOT WRITE IN THIS SPACE**



04102005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 32-0013484	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

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

ALLEN, LINDA B  
8175 AMBACH WAY  
HYPOLUXO, FL 33462

**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**

U000000355719  
05/04/05-80006-011 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ALLEN, LINDA 8775 AMBACH WAY HYPOLUXO, FL 33462
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KALOGEROPOULOS, LYNNE 6718 LAKE NONA PL LAKE WORTH, FL 33463
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**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**

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

Date

Daytime Phone #

4/30/05 561 808-0086