



**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000013057		
1. Entity Name LKLA, LLC		
Principal Place of Business 3044 JOG RD. GREENACRES, FL 33467		Mailing Address 3044 JOG RD. GREENACRES, FL 33467
DO NOT WRITE IN THIS SPACE		
		 04252006 No Chg-LLC CR2E083 (11/05)
		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		
TITLE	MGRM	DO NOT WRITE IN THIS SPACE
NAME	ALLEN, LINDA	
STREET ADDRESS	8775 AMBACH WAY	
CITY-ST-ZIP	HYPOLUXO, FL 33462	
TITLE	MGRM	
NAME	KALOGEROPOULOS, LYNNE	
STREET ADDRESS	6718 LAKE NONA PL	
CITY-ST-ZIP	LAKE WORTH, FL 33463	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: <i>Linda Allen</i> Linda Allen		Date: 4/26/06 Daytime Phone #: 561-868-0086