


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90351 035 *****50.00

DOCUMENT # L02000023554	
1. Entity Name P/K, L.L.C.	

Principal Place of Business C/O BRUCE P. CHAPNICK, ESQ. 2033 MAIN STREET, SUITE 600 SARASOTA, FL 34237	Mailing Address C/O BRUCE P. CHAPNICK, ESQ. 2033 MAIN STREET, SUITE 600 SARASOTA, FL 34237
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20015016



2. Principal Place of Business C/O Jeffrey M. Bauer, Esq. Suite, Apt. #, etc. 2033 Main Street, Suite 600 City & State Sarasota, FL Zip 34237 Country Sarasota	3. Mailing Address C/O Jeffrey M. Bauer, Esq. Suite, Apt. #, etc. 2033 Main Street, Suite 600 City & State Sarasota, FL Zip 34237 Country Sarasota
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02222006 Chg-LLC CR2E083 (11/05)

4. FEI Number NOT APPLICABLE	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 CHAPNICK, BRUCE P ESQ ICARD MERRILL CULLIS TIMM FUREN & GINSBURG 2033 MAIN STREET, SUITE 600 SARASOTA, FL 34237	
7. Name and Address of New Registered Agent Name Jeffrey M Bauer, Esq. Street Address (P.O. Box Number is Not Acceptable) Icard, Merrill, Cullis, Timm, Furen & Ginsburg 2033 Main St., Ste. 600 City Sarasota FL Zip Code 34237	

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 Jeffrey M. Bauer Jeffrey M. Bauer 2-22-06
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, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KINSEY, PENELOPE LEHMAN PO BOX 680960 PARK CITY, UT 84068 <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 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: Penelope Lehman-Kinsey Penelope Lehman-Kinsey 02-28-06 435-655-0800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

ATTACHMENT

20015016

02000023554

ICARD, MERRILL, CULLIS, TIMM,
FUREN & GINSBURG, P.A.

ATTORNEYS AND COUNSELORS

2033 MAIN STREET, SUITE 600

SARASOTA, FLORIDA 34237

TELEPHONE (941) 366-8100

FACSIMILE (941) 366-6384

www.icardmerrill.com

TAMPA TELEPHONE
(813) 221-2100

REPLY TO:
P.O. BOX 4195

SARASOTA, FLORIDA 34230

BRUCE P. CHAPNICK

March 8, 2006

Florida Department of State
Division of Corporations
P.O. Box 6478
Tallahassee, FL 32314

Re: P/K, L.L.C.

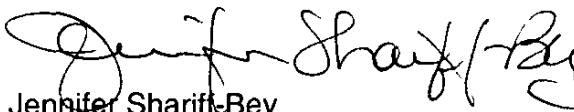
To Whom It May Concern:

Enclosed please find the 2006 Annual Report for P/K, L.L.C., together with a check in the amount of \$50 for the filing fee.

Should you have any questions, please do not hesitate to contact us.

Very truly yours,

ICARD, MERRILL, CULLIS,
TIMM, FUREN & GINSBURG, P.A.



Jennifer Shariff-Bey
Assistant to Bruce P. Chapnick

/jls

Enclosures

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