


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 12, 2004 8:00 am
Secretary of State

07-12-2004 90132 008 ****50.00

DOCUMENT # L03000002082 1. Entity Name KTK, L.L.C.		
Principal Place of Business 2205 CLIMBING IVY DRIVE TAMPA, FL 33618-1712		Mailing Address 2205 CLIMBING IVY DRIVE TAMPA, FL 33618-1712
2. Principal Place of Business Suite, Apt. #, etc. 16906 Candeleda De Avila Tampa, FL 33613-5207	3. Mailing Address 16906 Candeleda De Avila Tampa, FL 33613-5207	
4. FEI Number 04-3735207		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 GASSMAN, ALAN S 1245 COURT STREET, STE. 102 CLEARWATER, FL 33756		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>
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)</small>		
Filing Fee is \$50.00 Due by September 8, 2004		Make check payable to Florida Department of State
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES ADDRESS
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGR KAMBAM, JAYAKUMAR REDD 2205 CLIMBING IVY DRIVE TAMPA, FL 336181712	TITLE NAME STREET ADDRESS CITY-ST-ZIP MGR KAMBAM, JAYAKUMAR REDDY 16906 Candeleda De Avila Tampa, FL 33613-5207	
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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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: <i>Jayakumar Kambam</i>		7-8-04 813-949-5036
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>