2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000002082

1. Entity Name KTK, L.L.C.



Principal Place of Business

16906 CANDELEDA DE AVILA TAMPA, FL 33613-5207 Mailing Address

16906 CANDELEDA DE AVILA TAMPA, FL 33613-5207

FILED Apr 02, 2007 08:00 AM Secretary of State



03102007 No Chg-LLC

CR2E083 (11/05)

4 EEI Number
4. FEI Number
04-3735207
07-07-002-07

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6.	Name a	and Addres	ss of Curr	ent Register	ed Agent

GASSMAN, ALAN S 1245 COURT STREET, STE. 102 CLEARWATER, FL. 33756 '

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			
Fi D	iling Fee is \$50.00 ue by May 1, 2007						
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBERS/MANAGERS MGR KAMBAM, JAYAKUMAR REDD 16906 CANDELEDA DE AVILA TAMPA, FL 336135207						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				000000685492 04/09/07-80007-015 50.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE				
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:

NAME STREET ADDRESS

58 Kolin

2/28/e)

613-545-5056

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

Dat

Daytime Phone #