

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90279 034 ****50.00

DOCUMENT # L03000002989					
1. Entity Name SFK PROPERTIES, L.L.C.					
Principal Place of Business 12357 COLONY PRESERVE DR BOYNTON BEACH, FL 33436			Mailing Address 12357 COLONY PRESERVE DR BOYNTON BEACH, FL 33436		
2. Principal Place of Business 12357 Colony Preserve Dr Suite, Apt. #, etc.		3. Mailing Address 12357 Colony Preserve Dr Suite, Apt. #, etc. <i>Same</i>			
City & State Boynton Beach, Florida		City & State Boynton Beach FLORIDA		4. FEI Number 22-3899253	
Zip 33436		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GOLDMAN, CHARLES J ESQ 601 S. FEDERAL HWY. HOLLYWOOD, FL 33020				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE P	NAME GAFOOR, SHAMSHUDEEN		TITLE	NAME	
STREET ADDRESS 2700 NW 69 AVENUE	12357 Colony Preserve Dr Boynton Beach, FL 33436		STREET ADDRESS		
CITY-ST-ZIP MARGATE, FL 33063			CITY-ST-ZIP		
TITLE T	NAME GAFFOOR, KAMEEL		TITLE	NAME	
STREET ADDRESS 2700 NW 69 AVENUE	12357 Colony Preserve Dr Boynton Beach Blvd FL 33436		STREET ADDRESS		
CITY-ST-ZIP MARGATE, FL 33063			CITY-ST-ZIP		
TITLE	NAME		TITLE	NAME	
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TITLE	NAME		TITLE	NAME	
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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>Shamshudeen Gaffoor</i>			4-5-05		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		