

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 03, 2006 8:00 am
Secretary of State

02-03-2006 90080 012 *****55.00

DOCUMENT # L03000004899	
1. Entity Name WILKIRK LIMITED LIABILITY COMPANY	

Principal Place of Business 1710-1718 FILLMORE STREET HOLLYWOOD FL 33020	Mailing Address 8911 COLLINS AVENUE #1105 SURFSIDE FL 33154
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2. Principal Place of Business 2536 VAN BUREN ST Suite, Apt. #, etc.	3. Mailing Address 8911 COLLINS AV #1105 #1105
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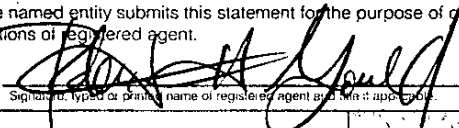
1st MOORE CR2E083 (10/05)

City & State Hollywood, FL 33020	City & State Surfside, FL 33154	4. FEI Number 03-0507585	Applied For Not Applicable
Zip 33020	Country Broward	Zip 33154	Country Dade

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent GOULD, ROBERT 8911 COLLINS AVENUE #1105 SURFSIDE FL 33154
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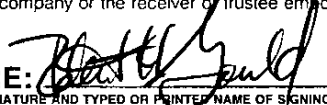
7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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  DATE 1/24/06

FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006
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9. MANAGING MEMBERS/MANAGERS	
TITLE MGRD	<input type="checkbox"/> Delete
NAME GOULD, ROBERT	
STREET ADDRESS 8911 COLLINS AVE., #1105	
CITY-ST-ZIP SURFSIDE FL 33154	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Section 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:  Robert H. Gould 1/24/06 (954) 929-1099
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #