

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 03, 2004 8:00 am
Secretary of State

04-22-2004 90358 020 ****50.00

DOCUMENT # L03000020638

1. Entity Name
GKR ASSOCIATES, LLC



Principal Place of Business
**940 NW 1ST ST.
FORT LAUDERDALE FL 33311**

Mailing Address
**940 NW 1ST ST.
FORT LAUDERDALE FL 33311**

34007996



MOORE CR2E083 (11/03)

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
**1314 E. LAS OLAS BLVD.
1114
FORT LAUDERDALE
33301 USA**

4. FEI Number
14-1888139

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
**MASTRIANA, F. RONALD ESO
MASTRIANA & CHRISTIANSEN, PA
1500 N FEDERAL HWY, STE 200
FT LAUDERDALE FL 33304**

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 _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER KENNETH S. HALE 1314 E. LAS OLAS BLVD. # 1114 FORT LAUDERDALE, FL 33301 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER ROBERT M. CARMICHAEL 940 NW 1ST STREET FORT LAUDERDALE, FL 33311 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Kenneth Hale **MANAGING MEMBER** APRIL 19, 2004 (954) 803-7777

SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Office Phone