

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Feb 27, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000020638

1. Entity Name
GKR ASSOCIATES, LLC



Principal Place of Business
1314 EAST LAS OLAS BLVD., #1114
FORT LAUDERDALE, FL 33301

Mailing Address
1314 E. LAS OLAS BLVD
#1114
FORT LAUDERDALE, FL 33301



02222007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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 ESQ
MASTRIANA & CHRISTIANSEN, PA
1500 N FEDERAL HWY, STE 200
FT LAUDERDALE, FL 33304

**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 _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
HALE, KENNETH S
1314 E. LAS OLAS BLVD #1114
FORT LAUDERDALE, FL 33301

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
CARMICHAEL, ROBERT M
940 NW 1ST STREET
FORT LAUDERDALE, FL 33311

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000650380
03/08/07-80011-011 50.00

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IN THIS SPACE**

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: _____

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

Date

Daytime Phone #

Kenneth S. HALE, KENNETH S. HALE, MGR MGR, 02/27/07, 954-803-7777