

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000022912

FILED
Jan 03, 2005
Secretary of State

Entity Name: R & K CONSTRUCTION GROUP, LLC

Current Principal Place of Business:

2221 LEE RD.
15
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

2221 LEE RD.
15
WINTER PARK, FL 32789

New Mailing Address:

FEI Number: 90-0096922

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STALLARD, RANDALL W
3008 WHITE CEDAR CIRCLE
KISSIMMEE, FL 34741 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: STALLARD, RANDALL W
Address: 3008 WHITE CEDAR CIRCLE
City-St-Zip: KISSIMMEE, FL 34741

Title: MGRM () Delete
Name: ROY, KEVN R
Address: 1519 SOLWAY COURT
City-St-Zip: APOPKA, FL 32712

Title: MGRM () Delete
Name: DENOVE, THOMAS M
Address: 135 W. TRADEWINDS RD.
City-St-Zip: WINTER SPRINGS, FL 32708

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: ROY, KEVN R
Address: 1282 GREEN VISTA CIRCLE
City-St-Zip: APOPKA, FL 32712

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: THOMAS M. DENOVE

MGRM

01/03/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date