


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000050405 1. Entity Name TEK PROPERTIES, LLC.	
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Principal Place of Business 19 WEST FLAGLER STREET 1212 MIAMI, FL 33130	Mailing Address 19 WEST FLAGLER STREET 1212 MIAMI, FL 33130
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02212006 No Chg-LLC

CR2ED83 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0804143	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

TIMOTHY K. BARKET, P.A.
19 WEST FLAGLER STREET
1212
MIAMI, FL 33130

**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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BARKET, TIMOTHY K 19 WEST FLAGLER STREET MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BARKET, KELLY 6760 S.W. 75 TERRACE MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RODRIGUEZ, EDDY 4401 S.W. 89 AVENUE MIAMI, FL 33165
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03/08/06-80049-002 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: Kelly Barket KELLY BARKET SR 2/24/06 305 373-6711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #