2005 LIMITED LIABILITY COMPANY

ANNUAL REPORT

DOCUMENT # L03000052898

1. Entity Name

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

L.K.P. REAL ESTATE VENTURES, LLC.

Principal Place of Business

755 RINEHART ROAD, SUITE 106 LAKE MARY, FL 32746

Mailing Address

755 RINEHART ROAD, SUITE 106 LAKE MARY, FL 32746

FILED Apr 29, 2005 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

02142005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 20-0402881

Applied For Not Applicable

5. Certificate of Status DesIred

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PARKER, LINDA K 755 RINEHART ROAD, SUITE 106 LAKE MARY, FL 32746

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the purpose of cha- tions of registered agent.	nging its registered office or registered agent, or both,	in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typod or printed name of registered agent and title it applicable.	(NOTE. Registered Agent signature required when reinstating)	DATE	
F	iling Fee is \$50.00 ue by May 1, 2005			
9.	MANAGING MEMBERS/MANAGERS		The second secon	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PARKER, LINDA K 755 RINEHART ROAD, SUITE 106 LAKE MARY, FL 32746		U00000344388 04/29/05-80135-013 50.00	
TITLE NAME STREET ADDRESS GITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO I	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		INT	IN THIS SPACE	
TITLE NAME STREET ADDRESS				

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 frustee 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 #