2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000052898

1. Entity Name

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



FILED Apr 30, 2007 08:00 Al Secretary of State

Principal Place of Business

917 RINEHART RD

STE 2001

LAKE MARY, FL 32746

Mailing Address

917 RINEHART RD

STE 2001

LAKE MARY, FL 32746



04242007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number Applied For 20-0402881 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

PARKER, LINDA K 118 PINE CIR DR

DO NOT WRITE

LAKE MARY, FL 32746		IN THI	IN THIS SPACE	
8. The above the obliga	e named entity submits this statement for the purpose of chan- tions of registered agent.	ging its registered office or registered agent, or both, in the	State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE	
F D	iling Fee is \$50.00 bue by May 1, 2007			
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PARKER, LINDA K 118 PINE CIR DR LAKE MARY, FL 32746		U00000743557 05/15/07-80114-004 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			05/15/07-80114-004 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NO	OT WRITE	
THLE NAME STREET ADDRESS CHY-SI-ZIP		IN THI	S SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS				

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 accorrate 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.

CITY-ST-ZIP

SIGNATURE SIGNATURE AND TYPED OR PROTED NAME OF BIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #