APR-11-2005 MON 01:24 PM FAX N

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State
05-02-2005 90098 014 ****50.00

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1. Entity Name
EKP OUTLOOK, LLC

Principal Place of Business	Mailing Address
1009 PACKER STREET KEY WEST, FL 33040	P.O. BOX 830 KEY WEST, FL 33041

04112005 Chg-LLC CR2E063 (10/03)

2. Principal Place of Business		3. Mailing Address	
715 Chapman Ln			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Key West, FL		City & State	
Zip: 33040	Country: MONROE	Zip	Country

4. FEI Number 35-2243071 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KLITENICK, RICHARD M ESQ.
1009 SIMONTON STREET
KEY WEST, FL 33040

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM PANCAMO, JOSHUA E 1009 PACKER STREET KEY WEST, FL 33040	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 715 Chapman Ln Key West FL 33040
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM GRANGER, KENNA M 1009 PACKER STREET KEY WEST, FL 33040	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition PANCAMO, KENNA M. 715 Chapman Ln Key West FL 33040
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ______________________ April 30th 2005 (305) 304-7666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #