


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000012951 1. Entity Name LDK PARTNERS, LLC	
---	---

Principal Place of Business 2219 WIDE REACH DR ORANGE PARK, FL 32003	Mailing Address 2219 WIDE REACH DR ORANGE PARK, FL 32003
--	--

DO NOT WRITE IN THIS SPACE



04122007No Chg-LLC

CR2E083 (11/05)

4. FEI Number
57-1200691

Applied For
Not Applicable

5. Certificate of Status Desired ☐

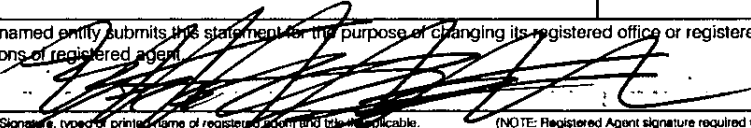
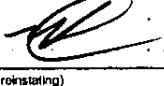
\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KREITZINGER, MICHAEL W
2219 WIDE REACH DR
ORANGE PARK, FL 32003

**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  DATE 

Signature, typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRP KREITZINGER, MIKE 2219 WIDE REACH DRIVE ORANGE PARK, FL 32003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000709495
04/25/07-80005-012 50.00

**DO NOT WRITE
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:  

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #