


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

PAID 2/11/07
 CK. NO. NET AMT. FILED CORP.
1004 Feb 05, 2007 08:00 AM
 Secretary of State

DOCUMENT # L04000022679 1. Entity Name FK INVEST, LLC	
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Principal Place of Business 5119 JUNGLE PLUM ROAD SARASOTA FL 34242	Mailing Address 5119 JUNGLE PLUM ROAD SARASOTA FL 34242
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E083 (10/06)

City & State Zip Country	City & State Zip Country
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4. FEI Number 20-2198249	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent SHEA, JOHN J 2940 S. TAMIAMI TRAIL SARASOTA FL 34239	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when consisting) _____ DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		Delete
TITLE	MGRM	<input type="checkbox"/>
NAM	KORSCH, FRIEDRICH A	
STREET ADDRESS	5119 JUNGLE PLUM ROAD	
CITY- ST- ZIP	SARASOTA FL 34242	
TITLE		<input type="checkbox"/>
NAM		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/>
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STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/>
NAM		
STREET ADDRESS		
CITY- ST- ZIP		

10. ADDITIONS/CHANGES		Change	Addition
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAM			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAM			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAM			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAM			
STREET ADDRESS			
CITY- ST- ZIP			

U00000621472
 02/12/07-80018-010 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Friedrich A Korsch* Member 2-1-07 (941) 812-6921
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #