

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000025480

1. Entity Name
414 SOUTH K ST, L.L.C.



Principal Place of Business
**414 SOUTH K ST.
 LAKE WORTH, FL 33460**

Mailing Address
**PO BOX 789
 LAKE WORTH, FL 33460**



01202006No Chg-LLC CR2E033 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **61-1477101** Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**HOPKINS, JAMES M JR
 503 SUNRISE COURT
 BOTTOM APARTMETN
 LAKE WORTH, FL 33460**

**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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOPKINS, JAMES M JR P.O. BOX 789 LAKE WORTH, FL 33460
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOPKINS, DOUGLAS J 224 NORTH LAKESIDE DRIVE LAKE WORTH, FL 33460
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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 603, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date **2-24-06** Daytime Phone # **561 676 8789**