


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY 22 AM 11:23

DOCUMENT # L04000065406	
1. Entity Name NCK ENTERPRISES, LLC	

Principal Place of Business 1113 PARRILLA DE AVILA TAMPA, FL 33613	Mailing Address 212 E CASS ST TAMPA, FL 33602 US
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2. Principal Place of Business - No P.O. Box # 212 E Cass St.	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Tampa, FL	City & State
Zip 33602	Country



03112008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-2752871	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent HINES, JAMES P 315 SOUTH HYDE PARK AVENUE HINES NORMAN HINES, P.L. TAMPA, FL 33606	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 reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KHAN, NANCY C 212 E CASS ST TAMPA, FL 33602 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900130897289 06/05/08--01006--022 ***427.50 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <u>Nancy C. Khan</u>	Date: <u>4/25/08</u>	Daytime Phone #: <u>813 985 7899</u>
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