

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90148 004 ****50.00

DOCUMENT # L04000065980

1. Entity Name
L.S.K. DEVELOPMENT, LLC



Principal Place of Business
61 W COLONIAL DR
ORLANDO, FL 32801 US

Mailing Address
61 W COLONIAL DR
ORLANDO, FL 32801 US

DO NOT WRITE IN THIS SPACE



03272006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-1606126

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SHOEMAKER, JOHN B
61 W COLONIAL DR
ORLANDO, FL 32801

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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

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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	KODSI, ALBERT
STREET ADDRESS	61 W COLONIAL DR
CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	V
NAME	SHOEMAKER, JOHN B
STREET ADDRESS	61 W COLONIAL DR
CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	VPT
NAME	COHEN, ODED
STREET ADDRESS	61 W COLONIAL DR
CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	V
NAME	KODSI, STEVE
STREET ADDRESS	61 W COLONIAL DR
CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:

Oded Cohen 3/31/06

(407) 294-7931 x104

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

Date

Daytime Phone #