
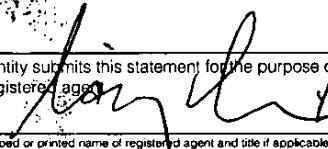
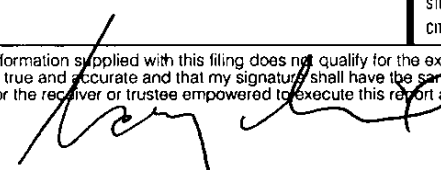


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90339 020 ****50.00

DOCUMENT # L04000068205 1. Entity Name L & K ENTERPRISES, LLC					
Principal Place of Business 109 EXECUTIVE CIRCLE DAYTONA BEACH, FL 32114			Mailing Address 109 EXECUTIVE CIRCLE DAYTONA BEACH, FL 32114		
2. Principal Place of Business - No P.O. Box # 325 Williamson Blvd.		3. Mailing Address P.O. Box 9296			
Suite, Apt. #, etc. Suite 120		Suite, Apt. #, etc. 			
City & State Daytona Beach, FL		City & State Daytona Beach, FL		4. FEI Number 20-1637724	
Zip 32114		Zip 32120		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LEVINE, SIDNEY 109 EXECUTIVE CIRCLE DAYTONA BEACH, FL 32114			7. Name and Address of New Registered Agent Name Levine, Sidney Street Address (P.O. Box Number is Not Acceptable) 325 Williamson Blvd. Suite 120 City Daytona Beach FL Zip Code 32114		
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 		Sidney Levine		4-6-07	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEVINE, SIDNEY 109 EXECUTIVE CIRCLE DAYTONA BEACH, FL 32114	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEVINE, Sidney 325 Williamson Blvd, Suite 120 Daytona Beach, FL 32114	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KALIN, BYRON S. 100 JOHN ANDERSON DRIVE ORMOND BEACH, FL 32176	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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
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
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: 			Sidney Levine		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			4-6-07		
Date			386-255-0519		
Daytime Phone #					