

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90048 001 ****50.00

DOCUMENT # L04000068648

1. Entity Name
MNK & KJK HOLDINGS, LLC



Principal Place of Business
**1113 PARRILLA DE AVILA
TAMPA, FL 33613**

Mailing Address
**212 E CASS ST
TAMPA, FL 33602 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03072006 Chg-LLC CR2E083 (11/05)

4. FEI Number **20-1643173**
APPLIED FOR

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HINES, JAMES P
315 S. HYDE PARK AVE.
TAMPA, FL 33606**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code **33606**

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**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME **P MAZOOD, KHAN K** ☐ Delete
STREET ADDRESS **212 E CASS ST**
CITY-ST-ZIP **TAMPA, FL 33602**

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME **ST KHAN, NANCY C** ☐ Delete
STREET ADDRESS **212 E CASS ST**
CITY-ST-ZIP **TAMPA, FL 33602**

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME **V KHAN, KHALID J** ☐ Delete
STREET ADDRESS **212 E CASS ST**
CITY-ST-ZIP **TAMPA, FL 33602**

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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:

Masood Khan

4/21/06

(813) 987-7899

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

Date

Daytime Phone #