

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

03-25-2005 90131 040 ****50.00

DOCUMENT # L04000072912 1. Entity Name LADY K ENTERPRISES, L.L.C.					
Principal Place of Business 2637 E. ATLANTIC BLVD #201 POMPANO BEACH, FL 33062			Mailing Address 2637 E. ATLANTIC BLVD #201 POMPANO BEACH, FL 33062		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 50-0016592				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HAFT, STUART J 321 ROYAL POINCIANA PLAZA PALM BEACH, FL 33480			7. Name and Address of New Registered Agent Name CASTLES, CRIS Street Address (P.O. Box Number is Not Acceptable) 2637 E. ATLANTIC BLVD #201 City POMPANO BEACH FL Zip Code 33062		
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 reappointing)			DATE 3/18/05		
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM CASTLES, CHRIS 2637 E. ATLANTIC BLVD #201 POMPANO BEACH, FL 33062	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete			
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			DATE 3/18/05		