

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**


FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90365 005 ***150.00

19016080

DOCUMENT # L04000073514

1. Entity Name
G&K Ventures, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Real Estate Investment

3. Mailing Address
22524 Cliffside Way

Suite, Apt. #, etc.

City & State
Land O' Lakes, FL

City & State
Land O' Lakes, FL

Zip
34639

Country
USA

Zip
34639

Country
USA

4. FEI Number **20-1691910**

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name **Fran Giordano**

Street Address (P.O. Box Number is Not Acceptable)
22524 Cliffside Way

City **Land O'Lakes** FL Zip Code **34639**

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 *Fran Giordano* DATE 4/20/05

Signature, typed or printed name of registered agent and title if applicable.

FEE IS \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Tim Koen 22532 Cliffside Way LAND O' LAKES, FL 34639	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Fran Giordano 22524 Cliffside Way LAND O LAKES FL 34639	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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: *Fran Giordano* DATE 4/20/05 Daytime Phone # 813 784-8543

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

FRAN GIORDANO

CR2E083B (12/02)