


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 16, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000073514</b>	
1. Entity Name <b>G &amp; K VENTURES, LLC</b>	

Principal Place of Business <b>REAL ESTATE INVESTMENT LAND O LAKES, FL 34639</b>	Mailing Address <b>22524 CLIFFSIDE WAY LAND O LAKES, FL 34639</b>
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02202006 No Chg-LLC      CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-1691910</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**GIORDANO, FRAN  
22524 CLIFFSIDE WAY  
LAND O LAKES, FL 34639**

**DO NOT WRITE  
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: *Fran Giordano*      DATE: 2/20/06

Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reappointing)

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GIORDANO, FRAN 22524 CLIFFSIDE WAY LAND O LAKES, FL 34639
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KEON, TIMOTHY L 22524 CLIFFSIDE WAY LAND O LAKES, FL 34639
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03/28/06-80002-005 50.00

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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: *Fran Giordano*      DATE: 3/13/06      DAYTIME PHONE # 813 784-8545

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #