

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000083204

1. Entity Name  
GARDEN WALK OF BRADENTON, LLC



Principal Place of Business  
1637 N. MILWAUKEE AVENUE  
CHICAGO, IL 60647

Mailing Address  
1637 N. MILWAUKEE AVENUE  
CHICAGO, IL 60647

FILED  
06 JUL 17 AM 11:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



07102006 No Chg-LLC CR2E083 (11/05)

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4. FEI Number  
20-1896069

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

SEIDER, WILLIAM M  
200 SOUTH ORANGE AVENUE  
SARASOTA, FL 34236

**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 \_\_\_\_\_  
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 September 6, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	KINKE, MATTHEW R
STREET ADDRESS	1637 N MILWAUKEE
CITY-ST-ZIP	CHICAGO, IL 60647
TITLE	MGR
NAME	KINKE, COLIN M
STREET ADDRESS	1637 N MILWAUKEE
CITY-ST-ZIP	CHICAGO, IL 60647
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

8/21/06

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**DO NOT WRITE  
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: \_\_\_\_\_ COLIN M. KINKE 7/10/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #