

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000002614

Entity Name: 3K ENTERPRISES, LLC

FILED
Apr 06, 2006
Secretary of State

Current Principal Place of Business:

1211 E. 30TH STREET
SANFORD, FL 32773

New Principal Place of Business:

Current Mailing Address:

1211 E. 30TH STREET
SANFORD, FL 32773

New Mailing Address:

FEI Number: 20-2173465

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KARLESKINT, GERALD F
1211 E. 30TH STREET
SANFORD, FL 32773 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KARLESKINT, GERALD F
Address: 207 HOLIDAY LANE
City-St-Zip: WINTER SPRINGS, FL 32708

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: KARLESKINT, GERALD F
Address: 315 TWELVE OAKS DRIVE
City-St-Zip: WINTER SPRINGS, FL 32708

Title: MGR () Change (X) Addition
Name: KARLESKINT, TERRY A
Address: 1565 GRACE LAKE CIRCLE
City-St-Zip: LONGWOOD, FL 32750

Title: MGR () Change (X) Addition
Name: KARLESKINT, JAMES G
Address: 133 WEATHERVANE WAY
City-St-Zip: LONGWOOD, FL 32750

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GERALD F. KARLESKINT

MGRM

04/06/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date