


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-03-2006 90072 032 ****50.00

DOCUMENT # L05000008409			
1. Entity Name HKL, LLC			
Principal Place of Business 16304 CROWN ARBOR WAY FORT MYERS, FL 33908 US		Mailing Address 100 SE SECOND STREET SUITE 2610 MIAMI, FL 33131 US	
2. Principal Place of Business 5499 Avon Park Court Suite, Apt. #, etc. # 201		3. Mailing Address 1318 Lafayette St Suite, Apt. #, etc.	
City & State Ft. Myers, Florida		City & State Cape Coral, Florida	
4. FEI Number 20-222 5344		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent GLOBAL EXPANSION & CONSULTING, LLC 100 SE SECOND STREET SUITE 2610 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name Thomas W. Hill Street Address (P.O. Box Number is Not Acceptable) 1318 Lafayette St City Cape Coral FL Zip Code 33904	
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 <i>Thomas W. Hill</i> Thomas W. Hill 2-15-2006 <small>(NOTE: Registered Agent signature required when registering)</small>			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LUTZ, HERBERT K 16304 CROWN ARBOR WAY FORT MYERS, FL 33908 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Lutz, Herbert K 5499 Avon Park Ct., # 201 Ft. Myers, Fl. 33912 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGMR LUTZ, RENATE B 16304 CROWN ARBOR WAY FORT MYERS, FL 33908 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGMR Lutz, Renate B 5499 Avon Park Ct., # 201 Ft. Myers, Fl. 33912 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Renate Lutz</i> Renate Lutz		2-15-06 239-549-2444 <small>Date Extern Phone #</small>	