

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000017456

FILED
Apr 26, 2006
Secretary of State

Entity Name: TOM KING ENTERPRISES, L.L.C.

Current Principal Place of Business:

4378 PARK BLVD
PINELLAS PARK, FL 33781

New Principal Place of Business:

1329 DREW ST
12
CLEARWATER, FL 33755

Current Mailing Address:

4378 PARK BLVD
PINELLAS PARK, FL 33781

New Mailing Address:

1329 DREW ST
12
CLEARWATER, FL 33755

FEI Number: 20-2369505

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POPENDA, ARTHUR
4378 PARK BLVD
PINELLAS PARK, FL 33781 US

Name and Address of New Registered Agent:

LESZCZYNSKI, TOMASZ
1329 DREW ST
12
CLEARWATER, FL 33755 US

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: LESZCZYNSKI TOMASZ

04/26/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LESZCZYNSKI, TOMASZ
Address: 1329 DREW ST #15
City-St-Zip: CLEARWATER, FL 33755

Title: MGR () Delete
Name: ROGALA, KINGA
Address: 1329 DREW ST #15
City-St-Zip: CLEARWATER, FL 33755

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LESZCZYNSKI, TOMASZ
Address: 1329 DREW ST #12
City-St-Zip: CLEARWATER, FL 33755

Title: MGR (X) Change () Addition
Name: ROGALA, KINGA
Address: 1329 DREW ST #12
City-St-Zip: CLEARWATER, FL 33755

I hereby certify that the information supplied with this filing does not qualify 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: LESZCZYNSKI TOMASZ

MGR

04/26/2006

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