


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 26, 2006 8:00 am
Secretary of State

03-03-2006 90004 027 ****50.00

DOCUMENT # L05000027226					
1. Entity Name WK ENTERPRISES, LLC					
Principal Place of Business		Mailing Address			
ATTN: MARILYN K. MILLS 200 SOUTH LAMAR STREET, SUITE 100 JACKSON MS 39201-4099		ATTN: MARILYN K. MILLS 200 SOUTH LAMAR STREET, SUITE 100 JACKSON MS 39201-4099			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-2569282	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State FL Zip Code		
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>[Signature]</i>		Manger		DATE 2/22/06	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when re-registering)		DATE	
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006					
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WATKINS, WALTER G JR		NAME		
STREET ADDRESS	127 SOUTHERN RIDGE DRIVE		STREET ADDRESS		
CITY - ST - ZIP	MADISON MS 39110		CITY - ST - ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KRUTZ, FRED		NAME		
STREET ADDRESS	1029 ANNANDALE DRIVE		STREET ADDRESS		
CITY - ST - ZIP	MADISON MS 39110		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
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CITY - ST - ZIP			CITY - ST - ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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>[Signature]</i>		Date 2/22/06		Daytime Phone # 850-235-1219	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	



ATTACHMENT
30006092

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 6, 2006

WK ENTERPRISES, LLC (DBA) COURTYARD WINE & CHEESE
ATTN: MARILYN K. MILLS
200 SOUTH LAMAR STREET, SUITE 100
JACKSON, MS 39201-4099

Subject: **WK ENTERPRISES, LLC**

Reference Number:

L05000027226

Division of Corporations at (850) 245-6051.

/CD

ANNUAL REPORTS SECTION



ATTACHMENT
30686092

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 6, 2006

WK ENTERPRISES, LLC (DBA) COURTYARD WINE & CHEESE
ATTN: MARILYN K. MILLS
200 SOUTH LAMAR STREET, SUITE 100
JACKSON, MS 39201-4099

Subject: WK ENTERPRISES, LLC

Reference Number: L05000027226

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report has not been filed and a copy is being returned for the following correction(s):

The records of the Division of Corporations do not reflect a name change has been filed for this limited liability company as indicated on the enclosed annual report/uniform business report. This report cannot be filed under the new name until an amendment has been filed. For your convenience, enclosed are the instructions and/or forms to change the name. Please return the amendment and annual report/uniform business report together to the address indicated on the amendment form.

My mistake,
No name
change
requested.
Sorry!!

The amendment filing fee is \$25.

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

- Done

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

Thanks

If you have additional questions or need further assistance, please call the

P.O. BOX 6478 - Tallahassee, Florida 32314