

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90072 039 \*\*\*\*50.00

<b>DOCUMENT # L05000034879</b>					
<b>1. Entity Name</b> KIRK'S PLACE, LLC					
<b>Principal Place of Business</b> 30349 US HWY 19 N. SUITE K CLEARWATER, FL 33761    US			<b>Mailing Address</b> 2863 DENMARSH CT. PALM HARBOR, FL 34684    US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> 746 NORTH LAKE BLVD.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b>		<b>City &amp; State</b> TARPON SPRINGS, FL		<b>4. FEI Number</b> 65-1246350	
Zip		Country		Applied For Not Applicable	
Zip 34689		Country USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  ANDREWS, KIRK 2863 DENMARSH CT. PALM HARBOR, FL 34684			<b>7. Name and Address of New Registered Agent</b> Name <u>KIRK ANDREWS, KIRK</u> Street Address (P.O. Box Number is Not Acceptable) <u>746 NORTH LAKE BLVD.</u> City <u>TARPON SPRINGS</u> <b>FL</b> Zip Code <u>34689</u>		
<b>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.</b> SIGNATURE <u>Kirk Andrews</u> DATE <u>3/28/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ANDREWS, KIRK 2863 DENMARSH CT. PALM HARBOR, FL 34684	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ANDREWS, KIRK 746 NORTH LAKE BLVD. TARPON SPRINGS, FL 34689	<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
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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
<b>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.</b>					
<b>SIGNATURE:</b> <u>Kirk Andrews</u>			Date <u>3/28/06</u> Daytime Phone # <u>727-542-5354</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					