2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000039638

1. Entity Name
TK PROPERTIES, LLC

L00000432

01092006   Chg-LLC   CR2E083 (11/05)

Principal Place of Business	Mailing Address
6325 JACQUELINE ARBOR DRIVE TEMPLE TERRACE, FL 33617	PO BOX 280231 TAMPA, FL 33682

2. Principal Place of Business	3. Mailing Address
1213 N. Nebraska Ave	
Suite, Apt. #, etc. 406C	Suite, Apt. #, etc.
City & State Tampa FL.	City & State
Zip 33612 Country USA	Zip Country

4. FEI Number 20-2809751   Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☑ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DRUMMOND, TEMPLE H 6325 JACQUELINE ARBOR DRIVE TEMPLE TERRACE, FL 33617	Name Street Address (P.O. Box Number is Not Acceptable) City 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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

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	☐ Delete	TITLE MGR NAME KIMBERLY L. HANNAH-JONES STREET ADDRESS 6606 Muck Pond Rd CITY-ST-ZIP Seffner FL 33584	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE MGRM NAME WILTON T. Jones Jr STREET ADDRESS 6606 Muck Pond Rd CITY-ST-ZIP Seffner FL 33584	☐ Change ☑ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: Kimberly L. Hannah-Jones   1/9/06   8139774819

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #