

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

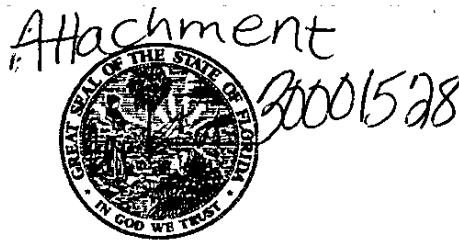
FILED
Mar 02, 2006 8:00 am
Secretary of State

01-23-2006 90135 015 ****50.00

DOCUMENT # L05000041130					
1. Entity Name LKS, LLC				Principal Place of Business 738 COUNTRY CLUB RD. N. ST. PETERSBURG, FL 33710	
Mailing Address 738 COUNTRY CLUB RD. N. ST. PETERSBURG, FL 33710				2. Principal Place of Business	
3. Mailing Address				4. FEI Number 83-0432322	
Suite, Apt. #, etc.				Suite, Apt. #, etc.	
City & State				City & State	
Zip		Country		01182008 Chg-LLC CR2E083 (11/05)	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent LEAVENGOOD, POLLY 901 COUNTRY CLUB RD. N. ST. PETERSBURG, FL 33710				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
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	MGR LEAVENGOOD, POLLY 901 COUNTRY CLUB RD. N. ST. PETERSBURG, FL 33710	<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	MGRM STEWART, SANDRA T 1205 79TH STREET S. ST. PETERSBURG, FL 33707	<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	MGRM KOPMEIER, ANNE 1205 79TH STREET S. ST. PETERSBURG, FL 33707	<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
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>Polly Leavengood</i> POLLY LEAVENGOOD 1/17/06 381-3127					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

30901528





FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 30, 2006

LKS, LLC
738 COUNTRY CLUB RD. N.
ST. PETERSBURG, FL 33710

Subject: LKS, LLC

Reference Number: L05000041130

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):

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.

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.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE
ANNUAL REPORTS SECTION