2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000042764

BOGARDUS, SUSAN P

20167 RENWICK AVE

PORT CHARLOTTE, FL 33954

Name:

Address:

City-St-Zip:

Entity Name: P-K-B FAMILY VENTURES, LLC

FILED Apr 24, 2006 Secretary of State

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
4034-C TAMIAMI TRAIL PORT CHARLOTTE, FL 33952		50 N. HILLSBOROUG ARCADIA, FL 34266	50 N. HILLSBOROUGH AVE. ARCADIA, FL 34266	
Current Mailing Address:		New Mailing Address:		
4034-C TAMIAMI TRAIL PORT CHARLOTTE, FL 33952		P. O. BOX 47 ARCADIA, FL 34265		
FEI Number:	: 20-2773759 FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of Current Registered Agent:	Name and Address	of New Registered Agent:	
PORT CHA	NCOVE STREET ARLOTTE, FL 33980 US named entity submits this statement for the of Florida. RE:	e purpose of changing its registere	ed office or registered agent, or both	
	Electronic Signature of Registered A	\gent	Date	
MANAGING MEMBERS/MANAGERS:		ADDITIONS/CHANGES:		
Title: Name: Address: City-St-Zip:	MGR () Delete PONGER, EDWARD R 3256 GLENCOVE STREET PORT CHARLOTTE, FL 33980	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MGRM () Delete PONGER, JOYCE E 3256 GLENCOVE STREET PORT CHARLOTTE, FL 33980	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MGRM () Delete KARNES, ALLYSON P 9646 SW MARINA DRIVE ARCADIA, FL 34269	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	MGRM () Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

Name:

Address:

City-St-Zip:

SIGNATURE: EDWARD R. PONGER MGR 04/24/2006