

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 08, 2006 8:00 am**  
**Secretary of State**

02-08-2006 90088 038 \*\*\*\*50.00

**DOCUMENT # L05000043519**

1. Entity Name  
**L&K INVESTORS, LLC**



Principal Place of Business  
**1726 7TH AVE SUITE 22  
TAMPA, FL 33605**

Mailing Address  
~~P.O. BOX 89239~~  
~~TAMPA, FL 33689~~

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2. Principal Place of Business

3. Mailing Address

**1726 7th Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 22**

City & State

City & State

**Tampa, FL**

Zip

Country

Zip

Country

**33605**

**US**

01122006

Chg-LLC

CR2E083 (11/05)

4. FEI Number

**03-0560850**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**INDEPENDENT EXECUTIVE MANAGEMENT, LLC  
1726 7TH AVE SUITE 22  
TAMPA, FL 33605**

7. Name and Address of New Registered Agent

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

TITLE **MGR** ☐ Delete  
NAME **INDEPENDENT EXECUTIVE MANAGEMENT, LLC**  
STREET ADDRESS **PO BOX 89239**  
CITY-ST-ZIP **TAMPA, FL 33689**

TITLE ☐ Delete  
NAME **Address is 1726 7th Ave.**  
STREET ADDRESS **Suite 22**  
CITY-ST-ZIP **Tampa, FL 33605**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**Mario Caporale**

**1/13/06**

**813-241-6800**