

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 06, 2006 8:00 am**  
**Secretary of State**

04-06-2006 90300 044 \*\*\*\*50.00

**DOCUMENT # L05000046586**

1. Entity Name  
**K & K ENTERPRISES, LLC**



Principal Place of Business  
**5757 NORTH MILITARY TRAIL  
WEST PALM BEACH, FL 33407**

Mailing Address  
**5757 NORTH MILITARY TRAIL  
WEST PALM BEACH, FL 33407**

**20020007**



03272006 Chg-LLC CR2E083 (11/05)

4. FEI Number **20-2819984** Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CONSIDINE, JOSEPH M ESQ.  
515 NORTH FLAGLER DRIVE, SUITE 702  
WEST PALM BEACH, FL 33401**

**7. Name and Address of New Registered Agent**

Name **JOSEPH M. CONSIDINE, P.A.**

Street Address (P.O. Box Number is Not Acceptable)

**5201 Village Blvd, Suite C**

City **West Palm Beach FL** Zip Code **33401**

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

**JOSEPH M. CONSIDINE, PRESIDENT 3-27-06**

**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 **WAITS, LARRY**  
STREET ADDRESS **5757 NORTH MILITARY TRAIL**  
CITY-ST-ZIP **WEST PALM BEACH, FL 33407**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

**10. ADDITIONS/CHANGES**

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
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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

**LARRY WAITS**

Date

**4/3/06**

Daytime Phone #

**(561) 689-5788**