

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

01-30-2006 90156 038 ****50.00

DOCUMENT # L05000069321 1. Entity Name GRKB HOLDINGS, LLC						
Principal Place of Business 2963 GULF-TO-BAY BOULEVARD, SUITE 330 CLEARWATER, FL 33759			Mailing Address 2963 GULF-TO-BAY BOULEVARD, SUITE 330 CLEARWATER, FL 33759			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		<div style="text-align: right; font-size: 1.2em; font-weight: bold;">30002966</div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> 01032008 Chg-LLC CR2E083 (11/05) <div style="border: 1px solid black; padding: 2px;"> 4. FEI Number 20.3145699 </div> <div style="border: 1px solid black; padding: 2px; font-size: 0.7em;"> Applied For Not Applicable </div> </div> <div style="display: flex; justify-content: space-between; align-items: center; font-size: 0.8em;"> 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required </div>		
6. Name and Address of Current Registered Agent TEW, JOEL R ESQUIRE TEW & ASSOCIATES 2655 MCCORMICK DRIVE CLEARWATER, FL 33759				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 _____ (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 <input type="checkbox"/> Delete RICHARDSON, GARY 2963 GULF-TO-BAY BOULEVARD, SUITE 330 CLEARWATER, FL 33759			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input type="checkbox"/> Delete BECHTEL, KEVIN 2963 GULF-TO-BAY BOULEVARD, SUITE 330 CLEARWATER, FL 33759			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	
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 606, Florida Statutes.						
SIGNATURE: Gary A. Richardson <i>Gary A. Richardson</i> 11/27/2006 727-791-9080 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>						



ATTACHMENT

30002966

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 3, 2006

RECEIVED
FEB 21 2006

GRKB HOLDINGS, LLC
2963 GULF-TO-BAY BOULEVARD, SUITE 330
CLEARWATER, FL 33759

Subject: GRKB HOLDINGS, LLC

Reference Number: L05000069321

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.

/CJ

ANNUAL REPORTS SECTION

ATTACHMENT
300029166
~~105000069321~~

1/27/2006

Florida Department of State

**50.00

Fifty and 00/100*****

Division of Corporations
PO Box 6478
Tallahassee, FL 32314

LLC Annual Report Annual Fee Doc#L0500006931

Florida Department of State			1/27/2006			
Date	Type	Reference	Original Amt.	Balance Due	Discount	Payment
05/01/2006	Bill	2006	50.00	50.00		50.00
				Check Amount		50.00

Operating Account LLC Annual Report Annual Fee Doc#L0500006931

50.00

Florida Department of State

1/27/2006