

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90018 007 ****50.00



DOCUMENT # L05000070276
 1. Entity Name
SQUIRES KIKIS, L.L.C.

Principal Place of Business Mailing Address
 2840 WEST BAY DRIVE, #273 2840 WEST BAY DRIVE, #273
 BELLEAIR BLUFFS, FL 33770 BELLEAIR BLUFFS, FL 33770

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



01072007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent
 MIKOS, CYNTHIA A ESQ.
 C/O CYNTHIA A. MIKOS, P.A.
 2018 E. 4TH AVE.
 TAMPA, FL 33605

7. Name and Address of New Registered Agent
 Name Gyneth S. Stanley, Esq
 Street Address (P.O. Box Number is Not Acceptable) 209 Turner Street
 City Clearwater FL Zip Code 33756

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 Gyneth S. Stanley, Esq. DATE 1-12-07
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WHIMS-SQUIRES, LISA A 207 DRIFTWOOD LN. LARGO, FL 33770	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Lisa A. Whims-Squires Date 1/12/07 Daytime Phone # 727-466-9847
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE