

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000072748

Entity Name: 16KUI LANARK, LLC

FILED  
May 01, 2006  
Secretary of State

## Current Principal Place of Business:

462 PORT MALABAR BLVD., N.E.  
PALM BAY, FL 32905

## New Principal Place of Business:

3058 CUMMINGS AVE  
TALLAHASSEE, FL 32311

## Current Mailing Address:

462 PORT MALABAR BLVD., N.E.  
PALM BAY, FL 32905

## New Mailing Address:

3058 CUMMINGS AVE  
TALLAHASSEE, FL 32311

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

PITKIN, GWENDOLYN W  
462 PORT MALABAR BLVD., N.E.  
PALM BAY, FL 32905 US

## Name and Address of New Registered Agent:

PITKIN, GWENDOLYN W  
3058 CUMMINGS AVE  
TALLAHASSEE, FL 32311 US

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.

SIGNATURE:

05/01/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: PITKIN, GWENDOLYN W  
Address: 462 PORT MALABAR BLVD., N.E.  
City-St-Zip: PALM BAY, FL 32905

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: PITKIN, GWENDOLYN W  
Address: 3058 CUMMINGS AVE  
City-St-Zip: TALLAHASSEE, FL 32311

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.

SIGNATURE: GWENDOLYN W. PITKIN

MS.

05/01/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date