2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DOCUMENT # L05000080949

1. Entity Name G.H.K.B. ENTERPRISES, LLC.

Mailing Address

Principal Place of Business 8303 ARCHWOOD CIRCLE TAMPA, FL 33615

8303 ARCHWOOD CIRCLE TAMPA, FL 33615 FILED
May 03, 2007 08:00 AM
Secretary of State



04272007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number			· ·	Applied For
42-1678495			┝	Not Applicable
5. Certificate of Status Desired	П	\$5.0	0	Additional

5. Certificate of S

Fee Required

HAYMAN, STEPHEN D ESQ. 412 E. MADISON ST.,

STE. 1111 TAMPA, FL 33602

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	named entity submits this statement for the purpose of changing the purpose of changing and registered agent.	ging its registere	d office or registered agent, or bi	oth, in the State of Flo	rida. I am familiar with, and a	accept		
SIGNATURE_				<u> </u>		_		
	Signature, typed or printed name of registered agent and little if applicable	(NOTE: Registered	Agent signature required when reinstating)	. 11 m cm	DATE			
Filing Fee is \$50.00 Due by May 1, 2007								
9.	MANAGING MEMBERS/MANAGERS	· · · · · · · · · · · · · · · · · · ·						
TITLE	MGRM							
NAME	BRACKIN, KEITH A							
STREET ADDRESS	8303 ARCHWOOD CIRCLE							
CITY-ST-ZIP	TAMPA, FL 33615							
TITLE	MCDM			George				

STREET ADDRESS

CITY-ST-ZIP

TAMPA, FL 33615

TITLE

MGRM

HOOP, GREG V

STREET ADDRESS

CITY-ST-ZIP

PALM HARBOR, FL 34685

TITLE

000000760685 05/25/07-80024-002 50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS

DO NOT WRITE IN THIS SPACE

CITY-S1-ZIP

TITLE
NAME
STREET ADDRESS
CITY-S1-ZIP

TITLE

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:

NAME STREET ADDRESS CITY-ST-ZIP

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

4/30/07 813.714-9731

Daytime Phone