2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000086543

1. Entity Name LSK, LLC



FILED Apr 16, 2007 08:00 Al Secretary of State

Principal Place of Business

9531 BARLETTA WINDS POINT DELRAY BEACH, FL 33446 Mailing Address

9531 BARLETTA WINDS POINT DELRAY BEACH, FL 33446



03072007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-3402176

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DADE COUNTY CORPORATE AGENTS INC 18901 NE 29 AVENUE SUITE 100 AVENTURA, FL 33180

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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		وهده بنسي بي ري
Signature, typed or printed name of registered agent and title if applicable.	(NOTE, Registered Agent signature required when reinstating)	UCHI I DATE IN THE TO THE
Filing Fee is \$50.00 Due by May 1, 2007		100000556005579 04/24/07-80120-815-50-00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	KULA, ADAM
STREET ADDRESS	9531 BARLETTA WINDS POINT
CITY-ST-ZIP	DELRAY BEACH, FL 33446
TITLE	
NAME	
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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 trystee emgowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

4/12/07 (561) 368-0666

Daytime Phone #