2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 05, 2007
Secretary of State

DOCUMENT# L05000096789

Entity Name: TKS FINANCIAL MANAGEMENT, LLC

Current Principal Place of Business:

5367 NW 21ST AVE.
BOCA RATON, FL 33496

New Principal Place of Business:

Current Mailing Address:

5367 NW 21ST AVE.
BOCA RATON, FL 33496

New Mailing Address:

FEI Number: 38-3728468 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TRACHTENBERG, MICHAEL
5367 NW 21ST AVE
BOCA RATON, FL 33496 US

Name and Address of New Registered Agent:

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: ______________________________
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	TRACHTENBERG, MICHAEL	
Address:	5367 NW 21ST AVE.	
City-St-Zip:	BOCA RATON, FL 33496	
Title:	MGRM	( ) Delete
Name:	TRACHTENBERG, IRENE	
Address:	5367 NW 21ST AVE.	
City-St-Zip:	BOCA RATON, FL 33496	
Title:	MGRM	( ) Delete
Name:	KARSIN, JEFFREY	
Address:	2598 NW 53RD ST.	
City-St-Zip:	BOCA RATON, FL 33496	
Title:	MGRM	( ) Delete
Name:	KARSIN, SUSAN	
Address:	2598 NW 53RD ST.	
City-St-Zip:	BOCA RATON, FL 33496	
Title:	MGRM	( ) Delete
Name:	SCHULMAN, RONALD	
Address:	18160 181ST CIRCLE SOUTH	
City-St-Zip:	BOCA RATON, FL 33498	
Title:	MGRM	( ) Delete
Name:	SCHULMAN, SHARON	
Address:	18160 181ST CIRCLE SOUTH	
City-St-Zip:	BOCA RATON, FL 33498	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: MICHAEL TRACHTENBERG MGRM 02/05/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date