

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT****FILED**
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000109916 1. Entity Name HITEK ENTERPRISES, LLC	
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Principal Place of Business 2115 LAKE CHRISTIE DRIVE ORLANDO, FL 32809	Mailing Address 2115 LAKE CHRISTIE DRIVE ORLANDO, FL 32809
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03152007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3794169	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent NAG CHAUDHURY, ANSHUMAN 2115 LAKE CHRISTIE DRIVE ORLANDO, FL 32809	DO NOT WRITE IN THIS SPACE
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6. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

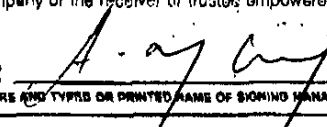
DATE

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM NAG CHAUDHURY, ANSHUMAN 2115 LAKE CHRISTIE DRIVE ORLANDO, FL 32809
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM NAG CHAUDHURY, ANUP 2115 LAKE CHRISTIE DRIVE ORLANDO, FL 32809
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UN00000678753
04/03/07-80010-015 50.00**DO NOT WRITE
IN THIS SPACE**

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: 

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

Date

Filing office if