2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 17, 2007 8:00 am Secretary of State

DOCUMENT # L06000052914 1. Entity Name LGK PROPERTIES, LLC					01-17-2007	90013 050 ****5		
Principal Place of Business Mailing Address								
1424 SOUTH COMBEE RD LAKELAND, FL 33801 1424 SOUTH COMBEE RD LAKELAND, FL 33801)					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01102007	Chg-LLC	CR2E083 (12/06))	
City & State		City & State		4. FEI Numb 20-49	70679		pplied For ot Applicable	
Zip	Country	Zip	Country		of Status Desired	55.00 Ad Fee Require		
	6. Name and Address of Current	Registered Agent		7. Name and	Address of New R	egistered Agent		
FOLSOM, KATHY-L			Name	Name				
1424 SOU	TH COMBEE RD D, FL 33801		Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
						· · · · · · · · · · · · · · · · · · ·		
			City	City FL Zip Code				
	named entify submits this statement for tions of registered agent.	or the purpose of changing its reg	gistered office or reg	istered agent, or bo	th, in the State of Flo	orida. I am familiar with	, and accept	
SIGNATURE .	and the second s							
(0.0	Signature, typed or printed name of registered agent	and title if applicable. (NOTE Re	egistered Agent signature red	guited when reinstating)		DATE		
					·		*	
Fi D	iling Fee Is \$50.00 ue by May 1, 2007					e check payable to Department of Stat	te	
9.	MANAGING MEMBI		10.			e check payable to a Department of Stat	te	
9. 11TLE	MANAGING MEMBI		10.		Florida	e check payable to a Department of Stat	Addition	
9. D	MANAGING MEMBI	ERS/MANAGERS	10.		Florida	e check payable to a Department of State CHANGES		
9. TITLE NAME	MANAGING MEMBI MGRM FOLSOM, LARRY S	ERS/MANAGERS	10. Title NAME		Florida	e check payable to a Department of State CHANGES		
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBI MGRM FOLSOM, LARRY S 1424 SOUTH COMBEE RD LAKELAND, FL 33801 MGRM	ERS/MANAGERS	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		Florida	e check payable to a Department of State CHANGES		
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1. 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: Katty L. Fo I Som
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/12/07 863-665-3177
Date Dayree Phone 1