

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000055639

FILED  
Jul 14, 2007  
Secretary of State

**Entity Name:** ANKIN LIMITED LIABILITY COMPANY

**Current Principal Place of Business:**

PO BOX 12216  
ST. PETE, FL 33733

**New Principal Place of Business:**

1709 ANASTASIA WAY SO  
ST. PETE, FL 33712

**Current Mailing Address:**

PO BOX 12216  
ST. PETE, FL 33733

**New Mailing Address:**

1709 ANASTASIA WAY SO  
ST.PETERSBURG, FL 33712

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

LOVETT, ANTONIO  
4098 53RD AVENUE  
ST. PETE, FL 33733      US

**Name and Address of New Registered Agent:**

LOVETT, TRIKA S  
1709 ANASTASIA WAY SO  
ST.PETERSBURG, FL 33712      US

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: TRIKA S LOVETT

07/14/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR                      ( ) Delete  
Name: LOVETT, TRIKA S  
Address: PO BOX 12216  
City-St-Zip: ST. PETE, FL 33733

**ADDITIONS/CHANGES:**

Title: MGR                      (X) Change ( ) Addition  
Name: LOVETT, TRIKA S  
Address: PO BOX 12216  
City-St-Zip: ST. PETE, FL 33712

I hereby certify that the information supplied with this filing does not qualify 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: TRIKA S LOVETT

MGR

07/14/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date