


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90041 009 \*\*\*138.75

<b>DOCUMENT # L06000110881</b>	
1. Entity Name T K PRACTITIONERS, LLC	

Principal Place of Business 8004 NW 154 ST SUITE 383 MIAMI LAKES, FL 33016	Mailing Address 4 WEST DANIA BEACH BLVD DANIA BEACH, FL 33004
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**60039342**



2. Principal Place of Business - No P.O. Box #	3. Mailing Address 4700 SHERIDAN STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc. SUITE B
City & State	City & State HOLLYWOOD, FL
Zip	Zip 33021
Country	Country USA

04172008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-5843379	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent CROSS, KC 4 WEST DANIA BEACH BLVD DANIA BEACH, FL 33004	
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7. Name and Address of New Registered Agent	
Name CROSS, KC	
Street Address (P.O. Box Number is Not Acceptable)	
4700 SHERIDAN STREET, SUITE B	
City HOLLYWOOD	FL Zip Code 33021

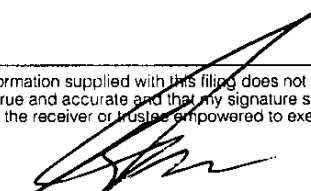
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to</b> <b>Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KC, CROSS 4 WEST DANIA BEACH BLVD DANIA, FL 33004 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CROSS, KC 4700 SHERIDAN STREET, SUITE B HOLLYWOOD, FL. 33021 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**  **4/30/08** **954-367-4563**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #