


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 05, 2007 8:00 am
Secretary of State

04-05-2007 90024 031 ****55.00

DOCUMENT # L06000118643	
1. Entity Name TK HOLDINGS, L.L.C.	

Principal Place of Business 1674 NW SPRUCE RIDGE STUART, FL 34994	Mailing Address 1674 NW SPRUCE RIDGE STUART, FL 34994
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address P.O. Box 2822
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State STUART, FL	City & State STUART, FL
Zip 34995	Country USA

03062007 Chg-LLC CR2E083 (12/06)

4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent KING, THOMAS F 1674 NW SPRUCE RIDGE STUART, FL 34994	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 <u>Tom KING MGRM</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE <u>4-2-07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KING, THOMAS F 1674 NW SPRUCE RIDGE STUART, FL 34994 <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

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: <u>Tom KING</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	DATE <u>4-2-07</u> <small>Date</small>	DAYTIME PHONE # <u>772-260-3193</u> <small>Daytime Phone #</small>
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