2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000037820

Entity Name: L. I. K. ENTERPRISES LLC

FILED Mar 30, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1596 WALDORF DRIVE 1596 WALDORF DRIVE NORTH PORT, FL 34288 NORTH PORT, FL 34288 US **Current Mailing Address: New Mailing Address:** 1596 WALDORF DRIVE 1596 WALDORF DRIVE NORTH PORT, FL 34288 NORTH PORT, FL 34288 US FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: KRET, LILIA N MGR KRET, LILIA N 1596 WALDORF DRIVE 1596 WALDORF DRIVE NORTH PORT, FL 34288 NORTH PORT, FL 34288 US 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: LILIA KRET 03/30/2009 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: MGR () Delete (X) Change () Addition KRET, LILIA N Name: KRET, LILIA N MGR Name: 1596 WALDORF DRIVE Address: 1596 WALDORF DRIVE Address: City-St-Zip: NORTH PORT, FL 34288 City-St-Zip: NORTH PORT, FL 34288 US Title: Title: MGR () Change (X) Addition () Delete Name: KRET, LILIA N MGR Name: Address: Address: 1596 WALDORF DR City-St-Zip: City-St-Zip: NORTH PORT, FL 34288 US Title: () Delete Title: MGR () Change (X) Addition KRET, LILIA N MGR Name: Name: Address: Address: 1596 WALDORF DR City-St-Zip: City-St-Zip: NORTH PORT, FL 34288 US Title: () Delete Title: MGR () Change (X) Addition Name: Name: KRET, LILIA N MGR Address: Address: 1596 WALDORF DR City-St-Zip: City-St-Zip: NORTH PORT, FL 34288 US Title: () Delete Title: () Change (X) Addition KRET, LILIA N MGR Name: Name: 1596 WALDORF DR Address: Address: City-St-Zip: City-St-Zip: NORTH PORT, FL 34288 US Title: () Delete Title: () Change (X) Addition KRET, LILIA N MGR Name: Name: Address: Address: 1596 WALDORF DR NORTH PORT, FL 34288 US City-St-Zip: City-St-Zip:

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: LILIA KRET MGR 03/30/2009