


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90040 033 ****50.00

DOCUMENT # L98000003415 1. Entity Name LARK PROPERTY MANAGEMENT, LLC	
--	---

Principal Place of Business 11500 - 47TH STREET, NO. CLEARWATER, FL 33762	Mailing Address 11500 - 47TH STREET, NO. CLEARWATER, FL 33762
---	---

DO NOT WRITE IN THIS SPACE



01122006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-3549783	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
---	--

6. Name and Address of Current Registered Agent HINES, JAMES P ESQ. HINES & ASSOCIATES, P.A. 315 SOUTH HYDE PARK AVENUE TAMPA, FL 33606

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KEMBERLING, LEE R 11500 - 47TH STREET, NO. CLEARWATER, FL 33762
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KAUPLA, EDWARD G. 11500 - 47TH ST NO. CLEARWATER, FL 33762
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Edward G. Kaupla* **EDWARD G KAUPLA** 5/27/06 727-513-2323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #