

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000001751

Entity Name: PK-1, L.L.C.

FILED
Apr 29, 2005
Secretary of State

Current Principal Place of Business:

645 GULF SHORES PARKWAY
GULF SHORES, AL 36542

New Principal Place of Business:

216 EAST 20TH AVE
GULF SHORES, AL 36542 US

Current Mailing Address:

14113 PERDIDO KEY DR
PENSACOLA, FL 32507

New Mailing Address:

29156 ONO BLVD.
ORANGE BEACH, AL 36561 US

FEI Number: 63-1209236

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAGMAN, WILLIAM P
14113 PERDIDO KEY DRIVE
PENSACOLA, FL 32507 US

Name and Address of New Registered Agent:

SHANNON, STEVE
13810 PERDIDO KEY DRIVE
PENSACOLA, FL 32507 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: STEVE SHANNON

04/29/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: SHANNON SYSTEMS, INC, .
Address: 645 GULF SHORES PARKWAY
City-St-Zip: GULF SHORES, AL 36542

Title: MGRM () Delete
Name: GULF SHORES INVESTME, NTS, L.L.C.
Address: 14113 PERDIDO KEY DRIVE
City-St-Zip: PENSACOLA, FL 32507

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SHANNON SYSTEMS, INC, .
Address: 29156 ONO BLVD.
City-St-Zip: ORANGE BEACH, AL 36561 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: STEVE SHANNON

MGRM

04/29/2005

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