

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000001751

FILED
May 01, 2007
Secretary of State

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

Current Principal Place of Business:

216 EAST 20TH AVE
GULF SHORES, AL 36542 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 4147
GULF SHORES, AL 36547 US

New Mailing Address:

FEI Number: 63-1209236 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

SHANNON, STEVE
13700 PERDIDO KEY DRIVE
VILLAGIO SUITE 109-A
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:

05/01/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SHANNON SYSTEMS, INC. .
Address: P O BOX 4147
City-St-Zip: GULF SHORES, AL 36547 US

Title: MGRM () Delete
Name: GULF SHORES INVESTME, NTS, LLC
Address: 13700 PERDIDO KEY DRIVE
City-St-Zip: PENSACOLA, FL 32507

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: GULF SHORES INVESTME, NTS, LLC
Address: 5487 HICKORY LANE
City-St-Zip: ORANGE BEACH, AL 36561

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: STEVE SHANNON

MGRM

05/01/2007

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