



**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2008 08:00 A**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # M07000007342</b><br>1. Entity Name<br>GKK PROWORKS, LLC |  |
|---|---|

|   |   |
|---|---|
| Principal Place of Business<br>60 POINTE CIRCLE<br>GREENVILLE, SC 29615 | Mailing Address<br>60 POINTE CIRCLE<br>GREENVILLE, SC 29615 |
|---|---|

**DO NOT WRITE IN THIS SPACE**



03262008No Chg-LLC CR2E083 (12/07)

|   |  |
|---|--|
| 4. FEI Number<br>20-8289774                               | Applied For<br>Not Applicable            |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional<br>Fee Required |

6. Name and Address of Current Registered Agent

CORPORATION COMPANY OF ORLANDO  
300 SOUTH ORANGE AVENUE  
SUITE 1000 (DJC)  
ORLANDO, FL 32801-5403

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

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

000000835909  
04/18/08-80033-013 138.75

9. MANAGING MEMBERS/MANAGERS

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>POINTE CONSTRUCTION, LLC<br>60 POINTE CIRCLE<br>GREENVILLE, SC 29615                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>GKKWORKS CONSTRUCTION SERVICES, INC.<br>20411 SW BIRCH STREET<br>NEWPORT BEACH, CA 92660 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>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: *Jayanth L. Ramia* 4-1-08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #