


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 08, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000011862
 1. Entity Name
 L.C.K. HOLDINGS, L.L.C.



Principal Place of Business 29304 SADDLEBAG TRAIL MYAKKA, FL 34251	Mailing Address 29304 SADDLEBAG TRAIL MYAKKA, FL 34251
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DO NOT WRITE IN THIS SPACE



01052004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1043841	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 PATRICK, CARL E
 6823 OLD RANCH ROAD
 SARASOTA, FL 34241

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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 re-filing) _____ DATE _____
Signature, typed or printed name of registered agent and file if applicable

**Filing Fee is \$50.00
 Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HO, LINDA M 29304 SADDLEBAG TRAIL MYAKKA CITY, FL 34251
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MASCHINO, ROSE 29304 SADDLEBAG TRAIL MYAKKA CITY, FL 34251
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 01/08/04-80012-015 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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: *Rose Maschino* *Rose Maschino* *1/5/04* *941-322-2780*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #