


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2008 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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01072008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

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

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

000000778343
 01/10/08-80040-021 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	HO, LINDA M
STREET ADDRESS	29304 SADDLEBAG TRAIL
CITY-ST-ZIP	MYAKKA CITY, FL 34251
TITLE	MGR
NAME	RIGGLE, ROSE E
STREET ADDRESS	29304 SADDLEBAG TRAIL
CITY-ST-ZIP	MYAKKA CITY, FL 34251
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: *Rose E. Riggle* *Rose E. Riggle* 1/7/08 941-322-2780
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #