

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Aug 19, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # L03000017330**

**1. Entity Name  
AMERIDIAN HOLDINGS, LLC**



**Principal Place of Business  
12592 NW 53RD ST.  
CORAL SPRINGS, FL 33076**

**Mailing Address  
12592 NW 53RD ST.  
CORAL SPRINGS, FL 33076**



08102005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number  
20-0085537**

**Applied For  
Not Applicable**

**5. Certificate of Status Desired**

**\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**LUKOSE, VINCENT  
12592 NW 53RD ST.  
CORAL SPRINGS, FL 33076**

**DO NOT WRITE  
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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by September 7, 2005**

**9. MANAGING MEMBERS/MANAGERS**

<b>TITLE</b>	MGRM
<b>NAME</b>	LUKOSE, VINCENT
<b>STREET ADDRESS</b>	12592 NW 53RD ST
<b>CITY-ST-ZIP</b>	CORAL SPRINGS, FL 33076
<b>TITLE</b>	MGRM
<b>NAME</b>	GEORGE, KOSHY
<b>STREET ADDRESS</b>	3256 NW 123 AVE
<b>CITY-ST-ZIP</b>	SUNRISE, FL 33323
<b>TITLE</b>	MGRM
<b>NAME</b>	PARAMBY, PAUL
<b>STREET ADDRESS</b>	9213 OZARK AVE
<b>CITY-ST-ZIP</b>	MORTON GROVE, IL 60053
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**DO NOT WRITE  
IN THIS SPACE**

08/19/05-80102-015 55.100

**11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*Vincent Lukose* (VINCENT LUKOSE) 8-15-05 954-752-5364