2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000054377

1. Entity Name
SPLATT HOLDINGS, LLC

Principal Place of Business	Mailing Address
888 KINGMAN ROAD	888 KINGMAN ROAD
HOMESTEAD, FL 33035 US	HOMESTEAD, FL 33035 US

DO NOT WRITE IN THIS SPACE

07132005No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
42-1616377	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

LEOPOLD, KORN & LEOPOLD, P.A.
20801 BISCAYNE BLVD.
SUITE 501
AVENTURA, FL 33180

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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_____

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

TITLE	MGRM
NAME	LATTERNER, PAIGE
STREET ADDRESS	888 KINGMAN ROAD
CITY-ST-ZIP	HOMESTEAD, FL 33035
TITLE	MGRM
NAME	LATTERNER, SEAN
STREET ADDRESS	888 KINGMAN ROAD
CITY-ST-ZIP	HOMESTEAD, FL 33035
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/25/05-80005-025 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 119.07(3)(i), 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: _____ Paige Latterner _____ 7/14/05 _____ 305 230-0000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #