


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 22, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000054377**

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



Principal Place of Business <b>888 KINGMAN ROAD          HOMESTEAD, FL 33035 US</b>	Mailing Address <b>888 KINGMAN ROAD          HOMESTEAD, FL 33035 US</b>
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**DO NOT WRITE IN THIS SPACE**

01172007 No Chg-LLC      CR2E083 (11/05)

4. FEI Number <b>42-1616377</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**Filing Fee is \$50.00  
 Due by May 1, 2007**


9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LATTERNER, PAIGE 888 KINGMAN ROAD HOMESTEAD, FL 33035
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LATTERNER, SEAN 888 KINGMAN ROAD HOMESTEAD, FL 33035
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U00000594299  
 01/22/07-80085-023 50.00

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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:**  **PAIGE M. LATTERNER** 01/17/07 (305) 230-0000

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