


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2008 08:00 AM
Secretary of State

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| DOCUMENT # L03000054377 |  |
| 1. Entity Name SPLATT HOLDINGS, LLC | |

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



01082008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 42-1616377 | Applied For 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 _____ 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

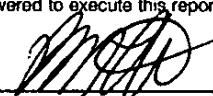
9. MANAGING MEMBERS/MANAGERS

| | |
|--|---|
| 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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U00000789031
 01/22/08-80009-012 138.75

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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 LATTERNER  **1/11/08** **305-372-1266**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #