



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 SEP 27 AM 9:41

DOCUMENT # L04000004938 1. Entity Name SORTKWIK, LLC		
Principal Place of Business C/O ALLIED MANAGEMENT LTD 232 WEST 48TH ST, STE 4 NEW YORK, NY 10036		Mailing Address C/O ALLIED MANAGEMENT LTD 232 WEST 48TH ST, STE 4 NEW YORK, NY 10036
2. Principal Place of Business 4460 N. Federal Highway Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.	
City & State Lighthouse Point, FL Zip 33064	City & State Suite, Apt. #, etc.	4. FEI Number 34-1979446
Country USA	Zip Country	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		06292005 Chg-LLC CR2E083 (10/03)
6. Name and Address of Current Registered Agent CAPOTE, BEATRIZ M ESQ 799 BRICKELL PLAZA, STE 700 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES
TITLE MGR <input type="checkbox"/> Delete NAME FITZPATRICK, PETER D STREET ADDRESS 232 WEST 48TH ST, STE 4 CITY-ST-ZIP NEW YORK, NY 10036	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGR <input type="checkbox"/> Delete NAME DWYER, THOMAS F STREET ADDRESS 232 WEST 48TH ST, STE 4 CITY-ST-ZIP NEW YORK, NY 10036	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition REINSTATED 2005	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800060502828 10/11/05--01071--016 **\$0.00	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 		Date: 8/31/05 212 Daytime Phone #: 986 0104
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>