


# 2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

<b>DOCUMENT # L07000108457</b>		
1. Entity Name <b>SUKTHIKARN, LLC</b>		

**FILED**

08 JUN 18 PM 2:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business <b>7376 LAKE WORTH RD LAKE WORTH, FL 33467</b>	Mailing Address <b>7376 LAKE WORTH RD LAKE WORTH, FL 33467</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

06022008 Chg:LLC CR2E083 (12/06)

4. FEI Number <b>26-1322724</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent	
<b>EVANS, JAMES 5868 DEWITT PL LAKE WORTH, FL 33463</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	Zip Code

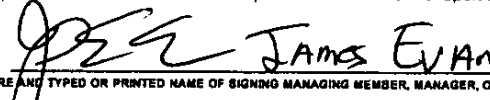
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **James Evans** **6/3/2008**  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-installing) DATE

<b>Amended AR is \$50.00</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR EVANS, JAMES E 5868 DEWITT PL LAKE WORTH, FL 33463 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>600131507886</b> <b>06/19/08--01035--025 **50.00</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR EVANS, CORY S 5868 DEWITT PLACE LAKE WORTH, FL 33463 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR EVANS, BUNLOR S 5868 DEWITT PLACE LAKE WORTH, FL 33463 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR EVANS, LISA S 5868 DEWITT PL LAKE WORTH, FL 33463 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR EVANS, GINA S 5868 DEWITT PL LAKE WORTH, FL 33463 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE 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 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:  **James Evans** **6/3/2008** **(561) 439-7927**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #