2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005
Secretary of State

DOCUMENT# L97000000183

Entity Name: H.K.L., L.C.

Current Principal Place of Business:

C/O CARDINAL CAPITAL CORP
150 ALGOMA ROAD
PALM BEACH, FL 33480 US

New Principal Place of Business:

C/O HKL, LC
411 OLD POST ROAD
MADISON, GA 30650 US

Current Mailing Address:

C/O CARDINAL CAPITAL CORP
150 ALGOMA ROAD
PALM BEACH, FL 33480 US

New Mailing Address:

C/O HKL, LC
411 OLD POST ROAD
MADISON, GA 30650 US

FEI Number: 65-0728407 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

KRASKER, PAUL A ESQUIRE
MOYLE, FLANIGAN ET AL.
625 N. FLAGLER DRIVE, 9TH FLOOR
WEST PALM BEACH, FL 334014025 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: KUKWA-LEMMERZ, HORST
Address: %CARDINAL CAPITAL CORP-150 ALGOMA RD
City-St-Zip: PALM BEACH, FL 33480

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: KUKWA-LEMMERZ, HORST
Address: %HKL, LC 411 OLD POST ROAD
City-St-Zip: MADISON, GA 30650

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: HORST KUKWA-LEMMERZ MGR 05/02/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date