

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000001258

Entity Name: TEKRAH HOLDINGS, L.L.C.

FILED
Mar 17, 2005
Secretary of State

Current Principal Place of Business:

19 W. FLAGLER STREET
SUITE 1212
MIAMI, FL 33130

New Principal Place of Business:

Current Mailing Address:

19 W. FLAGLER STREET
SUITE 1212
MIAMI, FL 33130

New Mailing Address:

FEI Number: 65-1112174

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARKET, TIMOTHY K
19 W. FLAGLER STREET
SUITE 1212
MIAMI, FL 33130 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: MGR () Delete
Name: BARKET, TIMOTHY K
Address: 19 WEST FLAGLER STREET, SUITE 1212
City-St-Zip: MIAMI, FL 33130

Title: MGR () Delete
Name: BARKET, MICHAEL G
Address: 19 WEST FLAGLER STEET, SUITE 1212
City-St-Zip: MIAMI, FL 33130

Title: MGR () Delete
Name: TOMBLEY, JILL M
Address: 19 WEST FLAGLER STREET, SUITE 1212
City-St-Zip: MIAMI, FL 33130

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: TIMOTHY K. BARKET

MGR

03/17/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date