2005 LIMITED LIABILITY COMPANY

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

FILED **ANNUAL REPORT** Feb 17, 2005 08:00 AM Secretary of State DOCUMENT # L0000008421 1. Entity Name LSK HOLDINGS, LLC Principal Place of Business Mailing Address 731 OBERLIN 731 OBERLIN CLEARWATER, FL 33765 CLEARWATER, FL 33765 02142005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3684761 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SCHOOLER, LARRY DO NOT WRITE 731 OBERLIN DRIVE CLEARWATER, FL 33765 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable, (NOTE, Progistered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. MGRM MIF SCHOOLER, LARRY NAME U00000233262 U2/17/05-80027-012 50.00 STREET ADDRESS 731 OBERLIN CITY-ST-ZIP CLEARWATER, FL 33765 TITLE MEM SCHOOLER, SUZETTE NAME STREET ADDRESS 731 OBERLIN CLEARWATER, FL 33765 CITY-ST-ZIP IIILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITE F IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the Information supplied with this filling 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

フ亚フ・ファくー5フら

2/13/05