

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000011667

Entity Name: FIDK, LLC

FILED
Jan 13, 2004
Secretary of State

Current Principal Place of Business:

2323 34TH WAY NORTH
LARGO, FL 33771

New Principal Place of Business:

Current Mailing Address:

2323 34TH WAY NORTH
LARGO, FL 33771

New Mailing Address:

FEI Number: 59-3718237

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MORRIS, ANDREW J
2323 34TH WAY NORTH
LARGO, FL 33771 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: MEM () Delete
Name: MORRIS, ANDREW J
Address: 2323 34TH WAY NORTH
City-St-Zip: LARGO, FL 33771

Title: MEM () Delete
Name: MORRIS, SCOTT A
Address: 2323 34TH WAY NORTH
City-St-Zip: LARGO, FL 33771

Title: MEM () Delete
Name: LYNCH, HUGH
Address: 1912 N. ROSEMONT
City-St-Zip: MESA, AZ 85205

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MORRIS, ANDREW J
Address: 2323 34TH WAY NORTH
City-St-Zip: LARGO, FL 33771

Title: MGR (X) Change () Addition
Name: MORRIS, SCOTT A
Address: 2323 34TH WAY NORTH
City-St-Zip: LARGO, FL 33771

Title: MGR (X) Change () Addition
Name: LYNCH, HUGH
Address: 1912 N. ROSEMONT
City-St-Zip: MESA, AZ 85205

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: ANDREW J. MORRIS

MGRM

01/13/2004

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