


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90175 018 ****50.00

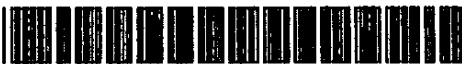
DOCUMENT # L00000012728

1. Entity Name
FK INTERNATIONAL, LLC



Principal Place of Business
**5560 PACIFIC BLVD., SUITE 412
 BOCA RATON, FL 33433**

Mailing Address
**P.O. BOX 812 065
 BOCA RATON, FL 33481**



2. Principal Place of Business
8443 Summer Field Pl

3. Mailing Address
 Suite, Apt. #, etc.

City & State
Boca Raton

City & State
 Suite, Apt. #, etc.

Zip
33433

Country
Palm Beach

02162005 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent
**KANGASNIEMI, MAX -
 5560 PACIFIC BLVD., SUITE 412
 BOCA RATON, FL 33433**

4. FEI Number
65-1051951

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

7. Name and Address of New Registered Agent
 Name *Kangasniemi Max*
 Street Address (P.O. Box Number is Not Acceptable)
8443 Summer Field Pl
 City *Boca Raton* **FL** Zip Code *33433*

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: *[Signature]* (NOTE: Registered Agent signature required when re-registering) DATE: *2/15/05*

Filing Fee is \$50.00 Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KANGASNIEMI, MAX 5560 PACIFIC BLVD., SUITE 412 BOCA RATON, FL 33433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>8443 Summer Field Pl Boca Raton, FL 33433</i> <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
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11. I hereby certify that the information supplied with this filing 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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]*, *Max Kangasniemi* DATE: *2/15/05*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #