2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # L01000007432

1. Entity Name

DEMKO FAMILY HOLDINGS, LC



FILED Feb 21, 2008 08:00 Al Secretary of State

Principal Place of Business

Mailing Address

811 SE 2 TERRACE

C/O JAMES DEMKO POMPANO BEACH, FL 33060 US 811 SE 2 TERRACE C/O JAMES DEMKO

POMPANO BEACH, FL 33060

CR2E083 (12/07)

4. FEI Number 65-1105370

02112008 No Chg-LLC

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DEMKO, JAMES CO-REP **ESTATE OF MARGARET H. DEMKO** 811 SE 2 TERRACE POMPANO BEACH, FL 33060

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8. The above the obligation	e named entity submits this statement for the purpose of char tions of registered agent.	nging its registered office or registered agent, or both,	in the State of Florida. I am familiar with, and accept
SIGNATURE.			
:	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE .
After May	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75	•	•
9	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ESTATE OF MARGARATE H. DEMKO 811 SE 2 TERRACE POMPANO BEACH, FL 33060		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DEMKO, JOHN W 5510 N.E. 31ST AVENUE FORT LAUDERDALE, FL 33307		uz/28/198-80024-013-1381.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ELLIS, ALICEFAY 336 APPLETREE STREET BREVARD, NC 28712	DÖ	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DEMKO, JAMES 811 SE 2 TERRACE POMPANO BEACH, FL 33060	IN T	HIS SPACE
NAME STREET ADDRESS CITY-SI-ZIP			

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

NAME STREET ADDRESS

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