

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000017018

FILED
Apr 16, 2004
Secretary of State

Entity Name: PKD, LLC

Current Principal Place of Business:

1605 ISLAND WAY
WESTON, FL 33326

New Principal Place of Business:

1815 GRIFFIN ROAD
301
DANIA BEACH, FL 33004

Current Mailing Address:

1605 ISLAND WAY
WESTON, FL 33326

New Mailing Address:

1815 GRIFFIN ROAD
301
DANIA BEACH, FL 33004

FEI Number: 22-3859665

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOLOFSKY, DAVID
1815 GRIFFIN RD., STE 301
DANIA BEACH, FL 33433

Name and Address of New Registered Agent:

WOLOFSKY, DAVID
1815 GRIFFIN RD., STE 301
DANIA BEACH, FL 33004

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:

04/16/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: WOLOFSKY, PETER
Address: 1815 GRIFFIN RD., STE 301
City-St-Zip: BOCA RATON, FL 33433

Title: MGRM () Delete
Name: WOLDFSKY, DAVID
Address: 1605 ISLAND WAY
City-St-Zip: WEWTON, FL 33326

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WOLOFSKY, PETER
Address: 1815 GRIFFIN RD., STE 301
City-St-Zip: DANIA BEACH, FL 33004

Title: MGRM (X) Change () Addition
Name: WOLOFSKY, DAVID
Address: 1815 GRIFFIN ROAD
City-St-Zip: DANIA BEACH, FL 33004

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: DAVID WOLOFSKY

MGRM

04/16/2004

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