2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 06, 2005 8:00 am Secretary of State

04-06-2005 90020 040 ****50.00

DOCUMENT # L02000017099 1. Entity Name H.K. ENTERPRISES, L.L.C.						04-06-2005 90020 040 ****50.00			
Principal Place	e of Business	Mailing Address	· ·			~~~	MOOTT		
5022 IBIS PL	ACE	5022 IBIS PLACE							
COCONUT CR	EEK, FL 33073	COCONUT CREEK, FL 3	33073						
						 			
2. Principal P	lace of Business	3. Mailing Address	***		1 1 1 1 1 1 1 1				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03292005	Chg-LLC	CR2E083	3 (10/03)		
City & State		City & State		4. FEI Numb 55-079				oplied For ot Applicable	
Zip	Country	Zip	Count	ry	5. Certificate	of Status Desired		5.00 Ado ee Require	
	6. Name and Address of Current I	Registered Agent			7. Name and	Address of New R	egistered Ag	jent	
	AN LIADDIC	The supplication	.	Name:			*		
5022 IBIS I	AN, HARRIS PLACE FCREEK, FL 33073	·	Street Address		ess (P.O. Box Numb	(P.O. Box Number is Not Acceptable)			
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	•		Ì	City			FL	Zip Code	ө
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registere	d office or regi	istered agent, or bo	oth, in the State of Flo		I miliar with,	and accept
_	3								
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOT	E: Registered	Agent signature rec	ruired when reinstation)		DATE		
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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: SIGNATURE MOTYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #