2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 28, 2005 8:00 am Secretary of State

DOCUMENT # L02000019219 1. Entity Name					03-28-2005 90285 038 ****50.00				
VK ENTERPRISES LLC									
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Principal Place of Business 7701 SW 180 TERRACE		Mailing Address 7701 SW 180 TERRACE							
MIAMI, FL 33157		MIAMI, FL 33157							
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2. Principal Place of Business		3. Mailing Address			[1 U.J U.J U	II BBITA KRIU BOTE BBIT BBIT BBIDT IIBID		30] : 1 30	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02282005	<u> </u>	083 (10/03)		
City & State		City & State		4. FEI Numb	·		plied For t Applicable		
Zip Country		Zip Country		5. Certificate	e of Status Desired	\$5.00 Add	itional —		
	6. Name and Address of Current F	<u> </u>		7. Name and Address of New Registered Agent					
VAN KAMI	PEN, JUERGEN			Name					
	180 TERRACE	Street Addre		Street Address (s (P.O. Box Number is Not Acceptable)				
\$ 100									
<u>.</u> : * * *				City		FI			
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE OATE									
	iling Fee is \$50.00 ue by May 1, 2005	-				Make check. Florida Departr			
9.	MANAGING MEMBER		10.			ADDITIONS/CHANGE	<u>s</u>		
TITLE NAME	MGR VAN KAMPEN, JUERGEN	☐ Delete	TITLE NAM				☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP	7701 SW 180TH TERR MIAMI, FL 33157			ET ADDRESS -ST-ZIP					
TITLE			TITLE				Change	☐ Addition	
NAME STREET ADDRESS			NAM STRE	E Et adoress					
CITY-ST-ZIP			-ST-ZIP						
title Name	☐ Delete TITU			I .	☐ Change ☐ Addition				
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NAME			NAM	E					
STREET ADDRESS CITY+ST-ZIP				ET ADDRESS -ST-ZIP					
TITLE NAME		☐ Delete	TITLE				☐ Change	☐ Addition	
STREET ADDRESS			STRE	ET ADDRESS					
CITY-ST-ZIP	<u> </u>	Defete	CITY	-ST-ZIP			☐ Change	☐ Addition	
NAME · ·	e tern a sepreme		NAM	E			_ Onlingo		
STREET ADDRESS CITY+ST-ZIP		-		ET ADORESS -ST-ZIP					
11. I hereby certify that the information supplied with this filling 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 required by Chapter 608, Florida Statutes.									
SIGNATURE: 0 03-22-05 SIGNATURE AND TYPED OF PRINTED NAME OF SIGNAND MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Date Desprine Proce #									