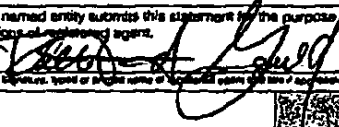
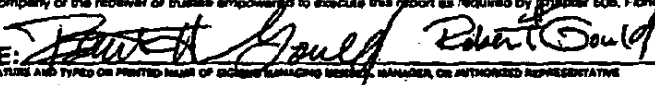


FILED  
Apr 16, 2004 8:00 am  
Secretary of State

2/17

02-17-2004 90196 015 \*\*\*\*55.00

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR)**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |     |                                                                               |                                                                                                                                  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-----|-------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # L03000004899</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |         |     |                                                                               |                                                 |  |
| 1. Entity Name<br><b>WILKIRK LIMITED LIABILITY COMPANY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                     |         |     |                                                                               |                                                                                                                                  |  |
| Principal Place of Business<br><b>1710-1718 FILLMORE STREET<br/>HOLLYWOOD FL 33020</b>                                                                                                                                                                                                                                                                                                                                                                                                                         |         |     | Mailing Address<br><b>8911 COLLINS AVENUE<br/>#1105<br/>SURFSIDE FL 33154</b> |                                                                                                                                  |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |         |     | 3. Mailing Address                                                            |                                                                                                                                  |  |
| Subs, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |         |     | Subs, Apt. #, etc.                                                            |                                                                                                                                  |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |         |     | City & State                                                                  |                                                                                                                                  |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Country | Zip | Country                                                                       | 4. FEE Number<br><b>03-05-07585</b>                                                                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |     |                                                                               | Applied For<br><input checked="" type="checkbox"/> Not Applicable                                                                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |     |                                                                               | 5. Certificate of Status Online<br><input checked="" type="checkbox"/> \$5.00 Additional Fee Required                            |  |
| 6. Name and Address of Current Registered Agent<br><b>GOULD, ROBERT<br/>8911 COLLINS AVENUE<br/>#1105<br/>SURFSIDE, FL 33154</b>                                                                                                                                                                                                                                                                                                                                                                               |         |     |                                                                               | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |  |
| 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<br>                                                                                                                                                                                                                                                                                                                                                                                                                |         |     |                                                                               | DATE<br><b>1/31/04</b>                                                                                                           |  |
| 9. FILING INFORMATION<br>Filing Fee: \$50.00<br>Mailing Address: Florida Department of State<br>Due By: May 1, 2004                                                                                                                                                                                                                                                                                                                                                                                            |         |     |                                                                               |                                                                                                                                  |  |
| 10. MANAGING MEMBERS / MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |     |                                                                               |                                                                                                                                  |  |
| 11. ADDITIONS / CHANGES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |         |     |                                                                               |                                                                                                                                  |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 605, Florida Statutes. |         |     |                                                                               |                                                                                                                                  |  |
| SIGNATURE:  <b>Robert Gould</b> 1/31/04 954 929-1099                                                                                                                                                                                                                                                                                                                                                                       |         |     |                                                                               |                                                                                                                                  |  |