


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000014692 <small>1. Entity Name</small> PMK HOLDINGS, LLC	
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<small>Principal Place of Business</small> 1498 NW 3RD STREET DEERFIELD BEACH, FL 33442	<small>Mailing Address</small> 1498 NW 3RD STREET DEERFIELD BEACH, FL 33442
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04212005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

<small>4. FEI Number</small> 03-0521716	<small>Applied For</small> Not Applicable
<small>5. Certificate of Status Desired</small> <input type="checkbox"/>	\$5.00 Additional Fee Required

<small>6. Name and Address of Current Registered Agent</small> HERSHKOWITZ, PAUL 1498 NW 3RD STREET DEERFIELD BEACH, FL 33442	DO NOT WRITE IN THIS SPACE
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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 _____

**Filing Fee is \$50.00
Due by May 1, 2005**

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05/04/05-80006-019 50.00

<small>9. MANAGING MEMBERS/MANAGERS</small>	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	MGRM HERSHKOWITZ, PAUL 1498 NW 3RD STREET DEERFIELD BEACH, FL 33442
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	
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<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

04/20/2005 800-367-2522

Date

Daytime Phone #