

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000015580

FILED  
Jun 30, 2005  
Secretary of State

Entity Name: CRAKIKS, L.L.C.

## Current Principal Place of Business:

13004 WHITNELL WAY  
RIVERVIEW, FL 33569 US

## New Principal Place of Business:

## Current Mailing Address:

13004 WHITNELL WAY  
RIVERVIEW, FL 33569 US

## New Mailing Address:

FEI Number: 20-0011793      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

AAGAARD, CRAIG  
13004 WHITNELL WAY  
RIVERVIEW, FL 33569 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: AAGAARD, CRAIG  
Address: 13004 WHITNELL WAY  
City-St-Zip: RIVERVIEW, FL 33569 US

Title: MGRM ( ) Delete  
Name: PLUSCEC, KRISTINE  
Address: 120 N. RIVERSIDE DRIVE  
City-St-Zip: EDGEWATER, FL 32132 US

Title: MGRM ( ) Delete  
Name: AAGAARD, STAN  
Address: 187 COUNTY LINE ROAD  
City-St-Zip: RIEGELSVILLE, PA 18077 US

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: AAGAARD, STAN  
Address: 4011 PRIMROSE DRIVE  
City-St-Zip: ALLENTOWN, PA 18104 US

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: CRAIG AAGAARD

MGRM

06/30/2005

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