

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 20, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000050479**

**1. Entity Name**  
FKD HOLDINGS, LLC



**Principal Place of Business**

524 HESPERIDES DRIV  
NAGS HEAD, NC 27959

**Mailing Address**

524 HESPERIDES DRIV  
NAGS HEAD, NC 27959

**DO NOT WRITE IN THIS SPACE**



01052005No Chg-LLC

CR2E083 (10/03)

**4. FEI Number**  
NOT APPLICABLE

**Applied For**  
Not Applicable

**5. Certificate of Status Desired** ☐

**\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

SUNDHEIM, FREDERICK G JR.  
310 SW OCEAN BLVD.  
STUART, FL FL

**DO NOT WRITE  
IN THIS SPACE**

**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**

U000000186596  
01/21/05-80063-003 50.00

**9. MANAGING MEMBERS/MANAGERS**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**  
MGRM  
ANDERSON, GARY C  
524 HESPERIDES DRIVE  
NAGS HEAD, NC 27959

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**  
MGRM  
ANDERSON, K GAIL  
524 HESPERIDES DRIVE  
NAGS HEAD, NC 27959

**TITLE**  
**NAME**  
**STREET ADDRESS**  
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**NAME**  
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**CITY - ST - ZIP**

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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

**Date**

**Daytime Phone #**

1/17/05 252  
421 0548