2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

S. Name and Address of Current Registered Agent SUNDHEIM, FREDERICK G JR. 310 SWOCEAN BLVD. STUART, FL FL Both above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Fordida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fordida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fordida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fordida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fordida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fordida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fordida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fordida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fordida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fordida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fordida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fordida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fordida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fordida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fordida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fordida. I am familiar with, and accept the obligations of registered agent. B. The above named entity submits a first septemble agent agent and accept the obligations of registered agent. B. The above named entity submits a first septemble agent accept agent a	DOCUMENT # L03000050479 1. Entity Name FKD HOLDINGS, LLC			Secretary of State	
DO NOT WRITE IN THIS SPACE A FEI Number NOT APPLICABLE Applied For NOT APPLICABLE Not Applied For NOT APPLICABLE St. Outsticate of Status Desired \$5.00 Applied For Required	524 HERSP	ERIDES DRIV 524 HERSPERIDES DRIV		1 (PRIVATE BIT MAI (ARI) HE STAN BESTER HING SENIE BITCH AND A STAN BESTER HE STAN BESTER HE STAN SENIE AND A	
SUNDHEIM, FREDERICK G JR. 310 SW OCEAN BLVD. 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 chiligations of registered agent. SIGNATURE Expeate Nyelf or printer store of registered agent with the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the chiligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the chiligations of registered agent. SIGNATURE Expeate Nyelf or printer store of registered agent, or both, in the State of Florida. I am familiar with, and accept the chiligations of registered agent. INTERPORT OUT				01052005 No Chg-LLC CR2E083 (10/03) 4. FEI Number NOT APPLICABLE Applied For Not Applicable 5. Certificate of Status Desired \$5.00 Additional	
THE CONJUNE TO PROPER TO P	310 SW 0	IM, FREDERICK G JR. DCEAN BLVD.			
9. MANAGING MEMBETS/MANAGERS TITLE MGRM ANDERSON, GARY C STREIT ADDRESS CITY-ST-2P NAGS HEAD, NC 27959 TITLE MGRM ANDERSON, K GAIL STREIT ADDRESS CITY-ST-2P NAGS HEAD, NC 27959 TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P	SIGNATURE Signature, typed or printed name of registered agent and life if applicable. (NOTE, Registered Agent signature required when reinstalting) DATE				
ITILE MGRM ANDERSON, GARY C STREET ADDRESS S24 HESPERIDES DRIVE NAGS HEAD, NC 27959 TITLE MGRM ANDERSON, K GAIL STREET ADDRESS SITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP		MANAGENO AFFINESSO SANNOTES		01/21/05-80063-003 50.00	
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NAME STREET ADDRESS CITY-ST-ZIP	NAME Street address City-St-Zip				
11. I hereby certify that the information supplied with this filing 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 in frue and accurate and that my signature shall have the same legal effect as it made under oath; that I am a managing member or manager of the	NAME Street address City-ST-ZIP	certify that the information supplied with this filling does not qualify for the eve	mption stated in Sec	tion 119.07(3)(i). Florida Statutas I further carify that the information	