


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2006 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
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01062006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 refiled) DATE

Filing Fee is \$50.00
Due by May 1, 2006

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
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 01/18/06-80003-025 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 606, Florida Statutes.

SIGNATURE: *GARY C. Anderson* *Gary Anderson* *1/10/06* *252* *421-0548*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #