

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

03-31-2004 90346 031 ****50.00

DOCUMENT # L03000055939 1. Entity Name ALKAY HOLDINGS, L.C.					
Principal Place of Business 3585 B QUAIL MEADOW TRAIL PALM CITY, FL 34990			Mailing Address 3585 B QUAIL MEADOW TRAIL PALM CITY, FL 34990		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20-0724553	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent KRESER, LOUIS J 3585 B QUAIL MEADOW TRAIL PALM CITY, FL 34990				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <i>[Signature]</i> (NOTE: Registered Agent signature required when releasing) DATE					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State		9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR KRESER, LOUIS J 3585 B QUAIL MEADOW TRAIL PALM CITY, FL 34990	☐ Delete		10. ADDITIONS/CHANGES ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR KRESER, PENELOPE S 3585 B QUAIL MEADOW TRAIL PALM CITY, FL 34990	☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR KRESER, PENELOPE S 3585 B QUAIL MEADOW TRAIL PALM CITY, FL 34990	☐ Delete		☐ Change ☐ Addition	
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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 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: <i>[Signature]</i> OFFICER/MANAGER 4/23/04					

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