

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DO NOT WRITE IN THIS SPACE

**FILED
May 22, 2008 8:00 am
Secretary of State**

04-25-2008 90029 012 ***138.75

30007262



03182008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-0724553	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$5.00 Additional Fee Required

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KRESER, LOUIS J
3585 B QUAIL MEADOW TRAIL
PALM CITY, FL 34990

**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

Louis Kreser
Signature, typed or printed name of registered agent and title if applicable

4/10/08
DATE

FILE NOW! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KRESER, LOUIS J 3585 B QUAIL MEADOW TRAIL PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KRESER, PENELOPE S 3585 B QUAIL MEADOW TRAIL PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 608, Florida Statutes.

SIGNATURE:

Louis Kreser
SIGNATURE AND DATED OR PRINTED NAME OF MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/10/08
Date

Daytime Phone #