

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000033633

FILED  
Apr 14, 2005  
Secretary of State

Entity Name: HONDAKING, LLC

**Current Principal Place of Business:**

2840 S. STIRLING ROAD  
HOLLYWOOD, FL 33023

**New Principal Place of Business:**

20096 NE 15 COURT  
NORTH MIAMI BEACH, FL 33179

**Current Mailing Address:**

10534 SW 18TH STREET  
MIRAMAR, FL 33025

**New Mailing Address:**

FEI Number: 20-2646313

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CODNER, SIMONE ESQ.  
1 SW 129TH AVENUE  
404  
PEMBROKE PINES, FL 33027 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: CODNER, RANDOLPH C  
Address: 10534 SW 18TH STREET  
City-St-Zip: MIRAMAR, FL 33025

Title: MGR ( ) Delete  
Name: ALRASHID, SARAH  
Address: 10534 SW 18TH STREET  
City-St-Zip: MIRAMAR, FL 33025

Title: MGR ( ) Delete  
Name: CODNER, MAUREEN  
Address: 10534 SW 18TH STREET  
City-St-Zip: MIRAMAR, FL 33025

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: CODNER, RANDOLPH C  
Address: 10534 SW 18TH STREET  
City-St-Zip: MIRAMAR, FL 33025

Title: MGRM (X) Change ( ) Addition  
Name: ALRASHID, SARAH  
Address: 10534 SW 18TH STREET  
City-St-Zip: MIRAMAR, FL 33025

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: SARAH ALRASHID

MGR

04/14/2005

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date