


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

| | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|-------------------------------------|--|-------------|---------------------------------|--|------------------------------------|-----------------------------|-------------------------------------|--|---|--|-------|------|----------------|-------------|--|--|--|------------------------|--------------|--|
| DOCUMENT # L04000054806 1. Entity Name FORT DRUM HOLDINGS, LLC | |  | | | | | | | | | | | | | | | | | | | | | |
| Principal Place of Business 4369 NORTHLAKE BLVD. PALM BEACH GARDENS, FL 33410 | | Mailing Address 4369 NORTHLAKE BLVD. PALM BEACH GARDENS, FL 33410 | | | | | | | | | | | | | | | | | | | | | |
| 2. Principal Place of Business - No P.O. Box # 7040-22 Seminole Pratt Whitney Rd. | | 3. Mailing Address 7040-22 Seminole Pratt Whitney Rd. | | | | | | | | | | | | | | | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | | | | | | | | | | | | | | | | | | |
| City & State Loxahatchee, FL | | City & State Loxahatchee, FL | | | | | | | | | | | | | | | | | | | | | |
| Zip 33470 | | Zip 33470 | | | | | | | | | | | | | | | | | | | | | |
| Country US | | Country US | | | | | | | | | | | | | | | | | | | | | |
| 4. FEI Number 32-0129241 | | Applied For <input type="checkbox"/> Not Applicable | | | | | | | | | | | | | | | | | | | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$5.00 Additional Fee Required | | | | | | | | | | | | | | | | | | | | | |
| 6. Name and Address of Current Registered Agent HORWITZ, SUZANNE M 4369 NORTHLAKE BLVD. PALM BEACH GARDENS, FL 33410 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7040-22 Seminole Pratt Whitney Rd. City Loxahatchee FL Zip Code 33470 | | | | | | | | | | | | | | | | | | | | | |
| 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 <u><i>Suzanne M. Horwitz</i></u> 3/27/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | | | | | | | | | | | | | | | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2007 | | Make check payable to Florida Department of State | | | | | | | | | | | | | | | | | | | | | |
| 9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%;">STREET ADDRESS</td> <td style="width:10%;">CITY-ST-ZIP</td> <td style="width:10%; text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td></td> <td>MGRM HORWITZ, SUZANNE M</td> <td>4369 NORTHLAKE BLVD.</td> <td>PALM BEACH GARDENS, FL 33410</td> <td></td> </tr> </table> | | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Delete <input type="checkbox"/> | | MGRM HORWITZ, SUZANNE M | 4369 NORTHLAKE BLVD. | PALM BEACH GARDENS, FL 33410 | | 10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%;">STREET ADDRESS</td> <td style="width:10%;">CITY-ST-ZIP</td> <td style="width:10%; text-align: right;">Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td></td> <td>7040-22 Seminole Pratt Whitney Rd</td> <td>Loxahatchee, FL</td> <td>33470</td> <td></td> </tr> </table> | | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> | | 7040-22 Seminole Pratt Whitney Rd | Loxahatchee, FL | 33470 | |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Delete <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | |
| | MGRM HORWITZ, SUZANNE M | 4369 NORTHLAKE BLVD. | PALM BEACH GARDENS, FL 33410 | | | | | | | | | | | | | | | | | | | | |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | |
| | 7040-22 Seminole Pratt Whitney Rd | Loxahatchee, FL | 33470 | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%;">STREET ADDRESS</td> <td style="width:10%;">CITY-ST-ZIP</td> <td style="width:10%; text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> | | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Delete <input type="checkbox"/> | | | | | | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%;">STREET ADDRESS</td> <td style="width:10%;">CITY-ST-ZIP</td> <td style="width:10%; text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> | | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Change <input type="checkbox"/> Addition <input type="checkbox"/> | | | | | |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Delete <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Change <input type="checkbox"/> Addition <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%;">STREET ADDRESS</td> <td style="width:10%;">CITY-ST-ZIP</td> <td style="width:10%; text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> | | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Delete <input type="checkbox"/> | | | | | | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%;">STREET ADDRESS</td> <td style="width:10%;">CITY-ST-ZIP</td> <td style="width:10%; text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> | | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Change <input type="checkbox"/> Addition <input type="checkbox"/> | | | | | |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Delete <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Change <input type="checkbox"/> Addition <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%;">STREET ADDRESS</td> <td style="width:10%;">CITY-ST-ZIP</td> <td style="width:10%; text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> | | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Delete <input type="checkbox"/> | | | | | | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%;">STREET ADDRESS</td> <td style="width:10%;">CITY-ST-ZIP</td> <td style="width:10%; text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> | | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Change <input type="checkbox"/> Addition <input type="checkbox"/> | | | | | |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Delete <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Change <input type="checkbox"/> Addition <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%;">STREET ADDRESS</td> <td style="width:10%;">CITY-ST-ZIP</td> <td style="width:10%; text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> | | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Delete <input type="checkbox"/> | | | | | | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%;">STREET ADDRESS</td> <td style="width:10%;">CITY-ST-ZIP</td> <td style="width:10%; text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> | | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Change <input type="checkbox"/> Addition <input type="checkbox"/> | | | | | |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Delete <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Change <input type="checkbox"/> Addition <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| 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: <u><i>Suzanne M. Horwitz</i></u> 3/27/07 561-702-2400 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | | | | | | | | | | | | | | | | | | | | |

FILED

07 MAR 26 PM 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03202007 Chg-LLC CR2E083 (12/06)

4. FEI Number
32-0129241

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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
HORWITZ, SUZANNE M
4369 NORTHLAKE BLVD.
PALM BEACH GARDENS, FL 33410

Delete ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete ☐

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

7040-22 Seminole Pratt Whitney Rd
Loxahatchee, FL 33470

Change ☒ Addition ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

900095360709
03/30/07--01028--001 **\$50.00

Change ☐ Addition ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change ☐ Addition ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change ☐ Addition ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change ☐ Addition ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change ☐ Addition ☐

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: *Suzanne M. Horwitz* 3/27/07 561-702-2400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE