

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90040 010 \*\*\*138.75

<b>DOCUMENT # L04000054806</b> 1. Entity Name <b>FORT DRUM HOLDINGS, LLC</b>																											
Principal Place of Business <b>7040 - 22 SEMINOLE PRATT WHITNEY ROAD LOXAHATCHEE, FL 33470 US</b>		Mailing Address <b>7040 - 22 SEMINOLE PRATT WHITNEY ROAD LOXAHATCHEE, FL 33470 US</b>																									
2. Principal Place of Business - No P.O. Box # <b>11358 Okeechobee Blvd.</b>		3. Mailing Address <b>Suite #2</b>																									
Suite, Apt. #, etc. <b>Suite #2</b>		Suite, Apt. #, etc. <b>Suite #2</b>																									
City & State <b>Royal Palm Beach, FL</b>		City & State <b>Royal Palm Beach, FL</b>																									
Zip <b>FL 33411</b>		Zip <b>33411</b>																									
Country <b>US</b>		Country <b>US</b>																									
4. FEI Number <b>32-0129241</b>		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required																									
6. Name and Address of Current Registered Agent  <b>HORWITZ, SUZANNE M 7040 - 22 SEMINOLE PRATT WHITNEY ROAD LOXAHATCHEE, FL 33470</b>		7. Name and Address of New Registered Agent Name <b>SUZANNE M. HORWITZ</b> Street Address <b>11358 Okeechobee Blvd.</b> Suite #2 City <b>Royal Palm Beach</b> FL <b>33411</b>																									
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 <b>4/29/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when transferring)</small>																											
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to Florida Department of State</b>																									
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">MGRM</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>HORWITZ, SUZANNE M</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7040 - 22 SEMINOLE PRATT WHITNEY ROAD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LOXAHATCHEE, FL 33470</td> <td></td> </tr> </table>		TITLE	MGRM	<input type="checkbox"/> Delete	NAME	HORWITZ, SUZANNE M		STREET ADDRESS	7040 - 22 SEMINOLE PRATT WHITNEY ROAD		CITY-ST-ZIP	LOXAHATCHEE, FL 33470		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  <b>11358 Okeechobee Blvd.</b>  <b>Suite #2</b>  <b>Royal Palm Beach, FL 33411</b> </td> <td style="width: 20%;"></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>11358 Okeechobee Blvd.</b> <b>Suite #2</b> <b>Royal Palm Beach, FL 33411</b>		NAME			STREET ADDRESS			CITY-ST-ZIP		
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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 <b>4/29/08</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																											