


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 23, 2006 8:00 am**  
**Secretary of State**

03-23-2006 90261 019 \*\*\*\*50.00

**DOCUMENT # L04000063290**

1. Entity Name  
**PKP HOLDINGS, L.L.C.**



Principal Place of Business  
**8323 N.W. 12 STREET, SUITE 104  
 MIAMI, FL 33126**

Mailing Address  
**8323 N.W. 12 STREET, SUITE 104  
 MIAMI, FL 33126**



2. Principal Place of Business  
**1300 NW 84 AVENUE**

3. Mailing Address  
**1300 NW 84 AVENUE**

Suite, Apt. #, etc.

03172006 Chg-LLC CR2E083 (11/05)

City & State  
**DORAL, FL**

City & State  
**DORAL, FL**

4. FEI Number  
**20-1779637**

Applied For  
 Not Applicable

Zip  
**33126**

Country  
**USA**

Zip  
**33126**

Country  
**USA**

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

6. Name and Address of Current Registered Agent

**PEREZ, EDGARDO**  
**8323 N.W. 12 STREET, SUITE 104**  
**MIAMI, FL 33126**

7. Name and Address of New Registered Agent

Name **PEREZ, EDGARDO**

Street Address (P.O. Box Number is Not Acceptable)  
**1300 NW 84 AVENUE**

City **DORAL** FL Zip Code **33126**

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 

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, 2006**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PASCUAL, MARIO 8323 N.W. 12 STREET, SUITE 104 MIAMI, FL 33126 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PEREZ, EDGARDO 8323 N.W. 12 STREET, SUITE 104 MIAMI, FL 33126 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KILIDDJIAN, PETER M 8323 N.W. 12 STREET, SUITE 104 MIAMI, FL 33126 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1300 NW 84 AVENUE DORAL, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1300 NW 84 AVENUE DORAL, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1300 NW 84 AVENUE DORAL, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date **03-17-06** 305-592-1363 Daytime Phone #