



# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

150.2  
FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 NOV 22 AM 8:22

<b>DOCUMENT # L04000074718</b> 1. Entity Name <b>KAKK HOLDINGS, LLC</b>					
Principal Place of Business <b>5577 GRANDE LAGOON COURT PENSACOLA, FL 32507</b>			Mailing Address <b>5577 GRANDE LAGOON COURT PENSACOLA, FL 32507</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>1308 Copper Stone Circle</b> Suite, Apt. #, etc.			
City & State		City & State <b>Chesapeake, VA 2</b>			
Zip	Country	Zip <b>23320</b>	Country <b>USA</b>		
4. FEI Number <b>54-2163124</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				09142005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent  <b>WILLIAMS, PATRICK J 5577 GRANDE LAGOON COURT PENSACOLA, FL 32507</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by October 1, 2005</b>				<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM WILLIAMS, PATRICK J 5577 GRANDE LAGOON COURT PENSACOLA, FL 32507</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <b>600060453596 10/10/05--01065--007 **50.00</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM WILLIAMS, MELISSA L 5577 GRANDE LAGOON COURT PENSACOLA, FL 32507</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add <b>600060453596 12/13/05--01071--003 **100.00</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add <b>REINSTATEMENT 205</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add		

11. I hereby certify that the information supplied with this filing does not qualify 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 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.

*Whitaker Williams on 10/1/05 #757-548-2989*