


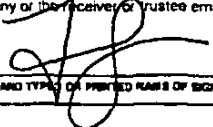
FILED
Apr 20, 2005 8:00 am
Secretary of State

04-06-2005 90020 007 ****50.00

**2005 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

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30003936

DOCUMENT # L04000093286					
1. Entity Name HORKEY HOLDINGS, LLC					
Principal Place of Business 8211 WEST BROWARD BOULEVARD STE PH1 FIFTH FL BROWARD, FL 33324			Mailing Address 8211 WEST BROWARD BOULEVARD STE PH1 FIFTH FL BROWARD, FL 33324		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 35-1906980	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HORKEY, FRANK J. 8211 WEST BROWARD BOULEVARD STE PH1 FIFTH FL BROWARD, FL 33324			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL		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 reissuing) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9.				10. ADDITIONS / CHANGES	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME
	President	Frank Horkey	10340 SW 16 Place Davie FL 33324		
	Nice President	Donna Horkey	10340 SW 16 Place Davie FL 33324		
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.					
SIGNATURE: 					
SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date _____ Daytime Phone # _____					