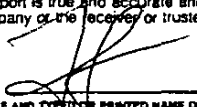


FILED
Apr 30, 2008 8:00 am
Secretary of State

04-08-2008 90063 002 ***138.75

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000093286		
1. Entity Name HORKEY HOLDINGS, LLC		
Principal Place of Business 7770 WEST OAKLAND PARK BLVD SUITE 470 SUNRISE, FL 33351		Mailing Address 7770 WEST OAKLAND PARK BLVD SUITE 470 SUNRISE, FL 33351
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent HORKEY, FRANK J 7770 WEST OAKLAND PARK BLVD SUITE 470 SUNRISE, FL 33351		DO NOT WRITE IN THIS SPACE
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 re-registering) DATE _____		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HORKEY, FRANK 10340 SW 16TH PLACE DAVIE, FL 33324	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V HORKEY, DONNA 10340 SW 16TH PLACE DAVIE, FL 33324	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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 606, Florida Statutes.		
SIGNATURE:  4/28/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #		

30005317



01072008No Chg-LLC

CR2E083 (12/07)

4. FEI Number
25-1906980

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**