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

30005317

Principal Place of Business	Mailing Address
7770 WEST OAKLAND PARK BLVD SUITE 470 SUNRISE, FL 33351	7770 WEST OAKLAND PARK BLVD SUITE 470 SUNRISE, FL 33351

DO NOT WRITE IN THIS SPACE

01072008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
25-1906980
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HORKEY, FRANK J
7770 WEST OAKLAND PARK BLVD
SUITE 470
SUNRISE, FL 33351

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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
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	HORKEY, FRANK
STREET ADDRESS	10340 SW 16TH PLACE
CITY-ST-ZIP	DAVIE, FL 33324
TITLE	V
NAME	HORKEY, DONNA
STREET ADDRESS	10340 SW 16TH PLACE
CITY-ST-ZIP	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	

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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: _____ 4/28/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #