

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000050902

Entity Name: LLK HOLDINGS, LLC

FILED
Mar 14, 2007
Secretary of State

Current Principal Place of Business:

6544 U.S. HIGHWAY 41N, SUITE 205B
APOLLO BEACH, FL 33572

New Principal Place of Business:

4807 BAYSHORE BOULEVARD
SUITE 101
TAMPA, FL 33611

Current Mailing Address:

6544 U.S. HIGHWAY 41N, SUITE 205B
APOLLO BEACH, FL 33572

New Mailing Address:

4807 BAYSHORE BOULEVARD
SUITE 101
TAMPA, FL 33611

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TULLO, ANDREA T
4301 ANCHOR PLAZA PARKWAY SUITE 300
TAMPA, FL 33634 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GAIL LIU, JESSICA
Address: 4907 BAYSHORE BLVD. #104
City-St-Zip: TAMPA, FL 33611

Title: MGRM () Delete
Name: LIU, ANNA L
Address: P.O. BOX 235
City-St-Zip: NAPLES, FL 34106

Title: MGRM () Delete
Name: KAMIDE, SIEDE T
Address: 4907 BAYSHORE BLVD. #104
City-St-Zip: TAMPA, FL 33611

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JENNIFER LIU-BOUFFARD

CFO

03/14/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date