

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000108335

FILED  
May 09, 2006  
Secretary of State

Entity Name: NKG HOLDINGS, LLC

**Current Principal Place of Business:**

MITCHELL L. WALKER  
517 HILLCREST DRIVE  
DAVENPORT, FL 33897

**New Principal Place of Business:**

**Current Mailing Address:**

NICOLE WRIGHT  
812 LYNDON LANE, STE. 210  
LOUISVILLE, KY 40222

**New Mailing Address:**

MITCHELL WALKER  
209-25 111ROAD  
QUEENS VILLAGE, NY 11429

FEI Number: 20-3810220      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

WALKER, MITCHELL L  
517 HILLCREST DRIVE  
DAVENPORT, FL 33897      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: MGR      ( ) Delete  
Name: WALKER, MITCHELL L  
Address: 136-36 244 STREET  
City-St-Zip: ROSEDALE, NY 11422

Title: MGR      ( ) Delete  
Name: WALTERS, PHIL  
Address: 1240 BEDFORD AVENUE, APT. 1H  
City-St-Zip: BROOKLYN, NY 11216

Title: MGR      ( ) Delete  
Name: COLLINS, MARICAL  
Address: 120-15 227 STREET  
City-St-Zip: CAMBRIA HEIGHTS, NY 11411

Title: MGR      ( ) Delete  
Name: THOMAS, ED  
Address: 1542 VICTORIA STREET  
City-St-Zip: BALDWIN, NY 11510

Title: MGR      ( ) Delete  
Name: WITHERS, MARCUS  
Address: 4005 RIVULET  
City-St-Zip: LOUISVILLE, KY 40299

Title: MGR      ( ) Delete  
Name: BEAUBIAN, MICHAEL  
Address: 101 PARKVIEW PLACE  
City-St-Zip: MALVERNE, NY 11565

**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:

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: MITCHELL WALKER

MGR

05/09/2006

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