


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 18, 2008 8:00 am**  
**Secretary of State**

02-18-2008 90073 015 \*\*\*138.75

<b>DOCUMENT # L06000013760</b>					
<b>1. Entity Name</b> HRK HOLDINGS, LLC					
<b>Principal Place of Business</b> 1565 FRANKLIN AVENUE STE. 110 MINEOLA, NY 11501 US			<b>Mailing Address</b> PO BOX 156 OYSTER BAY, NY 11771 US		
<b>2. Principal Place of Business - No P.O. Box #</b> 13300 HIGHWAY 41 N.		<b>3. Mailing Address</b> Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> PALMETTO FL		<b>City &amp; State</b>		<b>4. FEI Number</b> 33-1009695	
<b>Zip</b> 34221		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  POSTLER, CHARLES 110 EAST MADISON STREET STE 200 TAMPA, FL 33602			<b>7. Name and Address of New Registered Agent</b> Name <u>W. GREGORY GOLSON</u> Street Address (P.O. Box Number is Not Acceptable) <u>1724 E. 5TH AVENUE</u> City <u>TAMPA</u> <u>FL</u> Zip Code <u>33605</u>		
<b>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.</b> SIGNATURE <u>W. Gregory Golson, Esq.</u> DATE <u>Feb. 14, 2008</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KANIA, GARY PO BOX 156 OYSTER BAY, NY 11771	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HARLEY, WILLIAM F PO BOX 156 OYSTER BAY, NY 11771	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROSENZWEIG, SCOTT PO BOX 156 OYSTER BAY, NY 11771	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROSENZWEIG, SCOTT PO BOX 156 OYSTER BAY, NY 11771	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROSENZWEIG, SCOTT PO BOX 156 OYSTER BAY, NY 11771	<input type="checkbox"/> Delete			
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<b>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.</b>					
<b>SIGNATURE:</b> <u>GARY KANIA</u> <b>GARY KANIA</b>			Date <u>2/8/2008</u> Daytime Phone # <u>917 287 4148</u>		