2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000022762

1. Entity Name LDK HOLDINGS, LLC



FILED Jan 17, 2008 08:00 A Secretary of State

Principal Place of Business

1251 SAWGRASS CORPORATE PARKWAY SUNRISE, FL 33323

Mailing Address

1251 SAWGRASS CORPORATE PARKWAY SUNRISE, FL 33323



DO NOT WRITE IN THIS SPACE

01042008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-4419384 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KATZENSTEIN, DAVID 1251 SAWGRASS CORPORATE PARKWAY SUNRISE, FL 33323

DO NOT WRITE IN THIS SPACE

8.	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 Figure 1 to a place of consistered agent, or both, in the State of Figure 2	orida. I am familiar with, and accept
	the obligations of registered agent.	

SIGNATURE

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

(NOTE: Registered Agent aignature required when reinstating)

DATE

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

U00000787449 01/17/08-80082-012 138.75

9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KATZENSTEIN, DAVID 1251 SAWGRASS CORPORATE PARKWAY SUNRISE, FL 33323		
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			
TITLE HAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby certify that the information supplied with this filling does not qualify for the e			

DO NOT WRITE IN THIS SPACE

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 expowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

AND TYPED OR WRIFTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATI

1/11/08

954-838-006

Daytime Phone #