

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000092616 1. Entity Name WKR HOLDINGS, LLC	
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Principal Place of Business 16991 S.W. 266TH TERRACE HOMESTEAD, FL 33031	Mailing Address 16991 S.W. 266TH TERRACE HOMESTEAD, FL 33031
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DO NOT WRITE IN THIS SPACE



01092008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-5599896	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LAMONT NEIMAN INTERIAN & BELLET, P.A.
 ONE BISCAYNE TOWER, 3550
 TWO SOUTH BISCAYNE BLVD.
 MIAMI, FL 33131

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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 _____

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

000000784121
 01/16/08-80033-012 138.75

9.16 MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILSON, RODGER S 16991 SW 266TH TERRACE HOMESTEAD, FL 33031
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILSON, KATHLEEN 16991 SW 266TH TERRACE HOMESTEAD, FL 33031
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: Kathleen Wilson Kathleen Wilson 1/9/08 ³⁰⁵ 248-7301

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #