
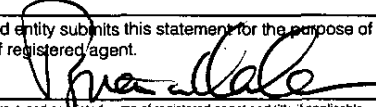
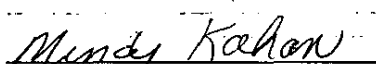


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90123 009 ****50.00

DOCUMENT # L99000003738 1. Entity Name H & K HOLDINGS, L.C.					
Principal Place of Business 20975 PINAR TRAIL BOCA RATON, FL 33433			Mailing Address 20975 PINAR TRAIL BOCA RATON, FL 33433		
2. Principal Place of Business 1800 N.W. Corporate Blvd.			3. Mailing Address same		
Suite, Apt. #, etc. Suite 102			Suite, Apt. #, etc. same		
City & State Boca Raton			City & State Florida		
Zip 33431		Country U.S.A.		4. FEI Number 65-0936457	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent HEIMBERG, PAUL E. 2101 CORPORATE BLVD STE 300 BOCA RATON, FL 33431			7. Name and Address of New Registered Agent Name Kahan & Associates, P.L. Street Address (P.O. Box Number is Not Acceptable) 1800 N.W. Corporate Blvd., Suite 102 City Boca Raton FL Zip Code 33431		
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  DATE 1/20/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HEIMBERG, DENISE B 20902 PINAR TRAIL BOCA RATON, FL 33433	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4001 N. Ocean Blvd. - #1608 Boca Raton, FL 33431	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KAHAN, MINDY 20975 PINAR TRAIL BOCA RATON, FL 33433	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  MINDY KAHAN			Date 1-20-04		Daytime Phone # 999-5998