

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000001677

Entity Name: HK HOLDINGS, LLC

FILED
Mar 12, 2004
Secretary of State

Current Principal Place of Business:

111 EAST WAYNE STREET, SUITE 500
FORT WAYNE, IN 46802

New Principal Place of Business:

Current Mailing Address:

111 EAST WAYNE STREET, SUITE 500
FORT WAYNE, IN 46802

New Mailing Address:

FEI Number: 31-1635272

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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/MEMBERS:

Title: MGRM () Delete
Name: HUBER, GEORGE B
Address: 111 EAST WAYNE STREET, SUITE 500
City-St-Zip: FORT WAYNE, IN 46802

Title: MGRM () Delete
Name: KLUMP, MICHAEL A
Address: 3060 PEACHTREE ROAD, N.W., SUITE 1640
City-St-Zip: ATLANTA, GA 30305

Title: MGRM () Delete
Name: RHINO INVESTMENT GRO, UP, LLC
Address: 111 EAST WAYNE STREET, SUITE 500
City-St-Zip: FORT WAYNE, IN 46802

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: TODD M. JACOBS

SEC

03/12/2004

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