


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 17, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000016822**  
 1. Entity Name  
**HOLLAND ENTERPRISES, L.L.C.**



Principal Place of Business 6144 STAFF ROAD CRESTVIEW, FL 32536	Mailing Address 6144 STAFF ROAD CRESTVIEW, FL 32536
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**DO NOT WRITE IN THIS SPACE**



01102007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 59-3750267	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

FOSTER, WILLIAM SCOTT  
 909 MAR WALT DR., STE. 1014  
 FORT WALTON BEACH, FL 32547

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00 Due by May 1, 2007**

U00000589028  
 01/17/07-80096-008 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOLLAND, DONALD W 6144 STAFF ROAD CRESTVIEW, FL 32536
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GARRETT, ANNETTE M 242 LAFITTE CRESCENT FORT WALTON BEACH, FL 32547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PANGLE, GARY W 610 LYNNBROOK WEST CRESTVIEW, FL 32539
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PANGLE, DAVID W 6472 MULLER DR. COCOA, FL 32927
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COMPTON, MARY E 55 LAURIE DRIVE FORT WALTON BEACH, FL 32548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PANGLE, STEVE 129 ROBINSON ROAD HAMPTON, VA 23661

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

SIGNATURE: Donald W. Holland 10 JAN 2007 850-902-5652  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #