


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 05, 2004 8:00 am**  
**Secretary of State**

02-23-2004 90342 032 \*\*\*\*50.00

|   |  |  |  |   |
|---|--|--|--|---|
| <b>DOCUMENT # L03000011579</b>  |  |  |  |            |
| 1. Entity Name<br><b>FOX HOLDING COMPANY, LLC</b>   |  |  |  |   |
| Principal Place of Business<br>23160 HARBORVIEW ROAD<br>PORT CHARLOTTE, FL 33980  |  | Mailing Address<br>23160 HARBORVIEW ROAD<br>PORT CHARLOTTE, FL 33980 |  |   |
| 2. Principal Place of Business  |  | 3. Mailing Address   |  |   |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.  |  |   |
| City & State  |  | City & State   |  |   |
| Zip   | Country  | Zip  | Country  |   |
| 6. Name and Address of Current Registered Agent<br><b>MCKINLEY, MICHAEL R ESQ<br/>18401 MURDOCK CIRCLE<br/>PORT CHARLOTTE, FL 33948</b>   |  |  |  | 7. Name and Address of New Registered Agent   |
| Name  |  |  |  |   |
| Street Address (P.O. Box Number is Not Acceptable)  |  |  |  |   |
| City  |  |  |  | <b>FL</b> Zip Code  |
| *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 _____   |  |  |  |   |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2004</b>   |  | <b>Makes check payable to<br/>Florida Department of State</b>        |  |   |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |  |  |  | <b>10. ADDITIONS/CHANGES</b>  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>President<br/>Michael F. Fox<br/>23160 Harborview Rd<br/>Port Charlotte, FL 33980</b> | <input type="checkbox"/> Delete                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VP, Sec. Tres<br/>Stacey L. Fox<br/>23160 Harborview Rd<br/>Port Charlotte, FL 33980</b> |
|   |  |  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                           |
|   |  |  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                           |
|   |  |  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                           |
|   |  |  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                           |
|   |  |  |  | <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. |  |  |  |   |
| <b>SIGNATURE:</b> <i>Stacey L. Fox, Owner VP</i>  |  | <b>2-18-04</b>   | <b>941-625-6975</b>                            |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |  | Date   | Daytime Phone #                                |   |

*Attachment 34001142*

x

*#L03000011579*

DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE  
HOLTSVILLE NY 00501-0023

DATE OF THIS NOTICE: 06-10-2003  
NUMBER OF THIS NOTICE: CP 575 D  
EMPLOYER IDENTIFICATION NUMBER: 13-4253295  
FORM: SS-4 NOBOD  
0133344213 B

FOR ASSISTANCE CALL US AT:  
1-800-829-0115

OR WRITE TO THE ADDRESS  
SHOWN AT THE TOP LEFT.

IF YOU WRITE, ATTACH THE  
STUB OF THIS NOTICE.

FOX HOLDING COMPANY LLC  
% FOX DISTRIBUTING  
23160 HARBORVIEW RD  
PORT CHARLOTTE FL 33980

**WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)**

Thank you for your Form SS-4, Application for Employer Identification Number (EIN). We assigned you EIN 13-4253295. This EIN will identify your business account, tax returns, and documents even if you have no employees. Please keep this notice in your permanent records.

Use your complete name and EIN shown above on all federal tax forms, payments and related correspondence. If you use any variation of your name or EIN, it may cause a delay in processing and may result in incorrect information in your account. It also could cause you to be assigned more than one EIN.

Based on the information shown on your Form SS-4, you must file the following form(s) by the date we show.

Form 1065

04/15/2004

Your assigned tax classification is based on information obtained from your Form SS-4. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a determination of your tax classification, you may seek a private letter ruling from the IRS under the procedures set forth in Revenue Procedure 98-01, 1998-1 I.R.B.7 (or the superceding revenue procedure for the year at issue).

If you need help in determining what your tax year is, you can get Publication 538, Accounting Periods and Methods, at your local IRS office.

If you have questions about the form(s) or the due date(s) shown, you can call us at 1-800-829-0115 or write to us at the address shown above.

*Sherry Jay*

*1 page*

*627-5576*