


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90383 013 ****50.00

DOCUMENT # L03000011579

1. Entity Name
FOX HOLDING COMPANY, LLC



20022238



Principal Place of Business
 23160 HARBORVIEW ROAD
 PORT CHARLOTTE, FL 33980

Mailing Address
 23160 HARBORVIEW ROAD
 PORT CHARLOTTE, FL 33980

2. Principal Place of Business
3145 Commerce Parkway

3. Mailing Address
3145 Commerce Parkway

Suite, Apt. #, etc.

02022005 Chg-LLC CR2E083 (10/03)

City & State
North Port, FL

City & State
North Port, FL

Zip
34289

Country
 USA

4. FEI Number
 13-4253295

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent

MCKINLEY, MICHAEL R ESQ
 18401 MURDOCK CIRCLE
 PORT CHARLOTTE, FL 33948

5. Certificate of Status Desired **\$5.00** Additional Fee Required

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 _____

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FOX, MICHAEL F 23160 HARBORVIEW RD PORT CHARLOTTE, FL 33980 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST FOX, STACEY L 23160 HARBORVIEW RD PORT CHARLOTTE, FL 33980 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>3145 Commerce Parkway</i> <i>North Port, FL 34289</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>3145 Commerce Parkway</i> <i>North Port, FL 34289</i>
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"/> Change <input type="checkbox"/> Addition
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"/> 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: *Stacey L. Fox* **Stacey L. Fox** *March 15, 2005* *941-429-2100*

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