FILED
May 19, 2004 8:00 am
Secretary of State
04-22-2004 90356 031 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000036745

1. Entity Name
LADD HOLDINGS, L.L.C.

Principal Place of Business	Mailing Address
555 5TH AVE. N.E. #943 ST PETERSBURG, FL 33701	555 5TH AVE. N.E. #943 ST PETERSBURG, FL 33701

04132004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
100 1st Ave. S	100 1st Ave. S
Suite, Apt. #, etc.: #315	Suite, Apt. #, etc.: #315
City & State: St. Petersburg, FL	City & State: St. Petersburg, FL
Zip: 33701 Country: USA	Zip: 33701 Country: USA

4. FEI Number: 20-0257915 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BOUTZOUKAS, MICHAEL E
704 W. BAY ST.
TAMPA, FL 33606

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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 ______________________ 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, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM D & D HIGMAN ENTERPRISES, LTD. 555 5TH AVE. N.E. #943 ST PETERSBURG, FL 33701 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: [signature] 4/19/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #