2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 10, 2005
Secretary of State

DOCUMENT# L00000001625

Entity Name: XATA HOLDINGS, LLC

Current Principal Place of Business:

5664 BEE RIDGE ROAD,
SUITE #101
SARASOTA, FL 34233

New Principal Place of Business:

Current Mailing Address:

5664 BEE RIDGE ROAD,
SUITE #101
SARASOTA, FL 34233

New Mailing Address:

FEI Number: 65-0989555 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NAPOLITANO, JOHN E
100 WALLACE AVE., STE. 240
SARASOTA, FL 34237 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:	BATEYKO, ROBERT	
Address:	5664 BEE RIDGE ROAD, SUITE 101	
City-St-Zip:	SARASOTA, FL 34233	
Title:	MGRM	( ) Delete
Name:	BATEYKO FAMILY LIMIT, ED	
Address:	5664 BEE RIDGE RD. STE 101	
City-St-Zip:	SARASOTA, FL 34133	
Title:	MGRM	( ) Delete
Name:	BATEYKO, VALERIA	
Address:	5664 BEE RIDGE RD , STE 101	
City-St-Zip:	SARASOTA, FL 34233	

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: VALERIE BATEYKO MGRM 03/10/2005

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