

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000006706

Entity Name: S & S HOLDINGS, L.L.C.

FILED
Jan 26, 2004
Secretary of State

Current Principal Place of Business:

4272 SOUTH US 301
#236
BUSHNELL, FL 33513

New Principal Place of Business:

4272 SOUTH US 301
#236
BUSHNELL, FL 33513 US

Current Mailing Address:

4272 SOUTH US 301
#236
BUSHNELL, FL 33513

New Mailing Address:

4272 SOUTH US 301
#236
BUSHNELL, FL 33513 US

FEI Number: 65-1016165

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'HAIRE, MICHAEL
3111 CARDINAL DR
VERO BEACH, FL 32963 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: SAWYER, BARBARA J
Address: 4272 SOUTH US 301 236
City-St-Zip: BUSHNELL, FL 33513

Title: MGRM () Delete
Name: STRAZZA, M. CATHERINE
Address: P.O. BOX 1720
City-St-Zip: KETCHUM, ID 83340

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SAWYER, BARBARA J
Address: 4272 SOUTH US 301 236
City-St-Zip: BUSHNELL, FL 33513 US

Title: MGRM (X) Change () Addition
Name: STRAZZA, M. CATHERINE
Address: P.O. BOX 1720
City-St-Zip: KETCHUM, ID 83340 US

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: BARBARA J. SAWYER

MGRM

01/26/2004

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