

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90021 004 \*\*\*\*50.00

<b>DOCUMENT # L00000015168</b>	
1. Entity Name <b>HOLCOMBE-RYBA, LLC</b>	
Principal Place of Business <b>8860 TERRENE CT. BONITA SPRINGS, FL 34135</b>	Mailing Address <b>8860 TERRENE CT. BONITA SPRINGS, FL 34135</b>



**20037947**



04142005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3685617</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>HOLCOMBE, THOMAS H.G. 8860 TERRENE CT. BONITA SPRINGS, FL 34135</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 *Thomas H.G. Holcombe* *Thomas H.G. Holcombe* *4-14-05*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOLCOMBE, THOMAS H.G. 1934 TIMBERLINE DR. NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ZIVICH, BELINDA 24311 CLAIRE ST. BONITA SPRINGS, FL 34135
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**DO NOT WRITE  
IN THIS SPACE**

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: *Belinda Zivich* *Secretary* *4/14/05* *239.949.2900*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #