

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90030 016 \*\*\*\*50.00

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03232005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L00000015629			
1. Entity Name HOOSIER HOLDINGS, L.L.C.			
Principal Place of Business 610 E. OLYMPIA AVE., SUITE 201 PUNTA GORDA, FL 33950		Mailing Address 610 E. OLYMPIA AVE., SUITE 201 PUNTA GORDA, FL 33950	
2. Principal Place of Business <i>522 S. Marion Ave.</i>		3. Mailing Address <i>522 S. Marion Ave.</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Punta Gorda, FL</i>		City & State <i>Punta Gorda, FL</i>	
Zip <i>33950</i> Country <i>USA</i>		Zip <i>33950</i> Country <i>USA</i>	
4. FEI Number 65-1062843		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  HOLMES, DAVID A FARR FARR EMERICH SIFRIT HACKETT & CARR PA 99 NESBIT ST PUNTA GORDA, FL 33950		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 _____ (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		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVT BRINSON, MICHAEL 610 S OLYMPIA AVE PUNTA GORDA, FL 33950 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP JANZ, TIMOTHY A 610 S OLYMPIA AVE PUNTA GORDA, FL 33950 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>DPT</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>522 S. Marion Ave. Punta Gorda, FL 33950</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS MONENNING, DANIEL 1730 SCARLET SAGE CT PUNTA GORDA, FL 33950 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>522 S. Marion Ave Punta Gorda, FL 33950</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BONGIOVANNI, JOSEPHINE 610 S OLYMPIA AVE PUNTA GORDA, FL 33950 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>522 S. Marion Ave. Punta Gorda, FL 33950</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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"/> Delete	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: <i>[Signature]</i>		Date: <i>4/25/05</i> (941) 505-6041	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	