2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

DOCUMENT # L01000004855 1. Entity Name BIRCH HOLDINGS, L.L.C.

Principal Place of Business 14041 SIERRA VISTA DR. ORLANDO, FL 32837

Mailing Address

986 DOUGLAS AVENUE
SUITE 100
ALTAMONTE SPRINGS, FL 32714

FILED Jul 18, 2005 08:00 AM Secretary of State



07062005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number	Applied For
NOT APPLICABLE	Not Applicable
	CE OO

5. Certificate of Status Desired

55.00 Additional Fee Regulred

6.	Name	and A	ddress	of	Current	Registere	d Agent

STARK, CHALES H 986 DOUGLAS AVENUE SUITE 100 ALTAMONTE SPRINGS, FL 32714

SIGNATURE:

DO NOT WRITE IN THIS SPACE

ALTAMON	NTE SPRINGS, FL 32714	IN THIS	IN THIS SPACE			
8. The above the obliga	e named entity submits this statement for the purpose of chan tions of registered agent.	ging its registered office or registered agent, or both, in the Sta	te of Florida. I am familiar with, and accept			
SIGNATURE.	Signature, typod or pilnted name of registered agent and title if applicable	(NOTE Registered Agent signature required when reinstaling)	DATE			
Fi Due l	ling Fee is \$50.00 by September 7, 2005					
9.	MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BIRCH, SYLVIA J C/O 986 DOUGLAS AVENUE, STE. 100 ALTAMONTE SPRINGS, FL 32714	07.4	00000373231 — 8/05-80007-016 50.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		0171	5/43 <u>~50001</u> ~016 50.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT	WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS	SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
11. I hereby of indicated limited liab	pertify that the information supplied with this filing does not que on this report is true and accurate and that my signature shall billity company or the receiver or trustee empowered to execu	alify for the exemption stated in Section 119.07(3)(i), Florida Sta Il have the same legal effect as if made under oath, that I am a te this report as required by Chapter 608, Florida Statutes.	atutes, I further certify that the information managing member or manager of the			