## 2006 LIMITED LIABILITY COMPANY

## **FILED** Feb 01, 2006 8:00 am ANNUAL REPORT Secretary of State **DOCUMENT # L01000004855** 02-01-2006 90020 026 \*\*\*\*50.00 BIRCH HOLDINGS, L.L.C. Principal Place of Business Mailing Address 986 DOUGLAS AVENUE ...... 14041 SIERRA VISTA DR. ORLANDO, FL 32837 SUITE 100 ALTAMONTE SPRINGS, FL 32714 3. Mailing Address 2. Principal Place of Business 986 Douglas Avenue Suite, Apt. #, etc. Suite. Apt. #, etc. 01162006 Chg-LLC CR2E083 (11/05) Suite 100 Applied For City & State City & State 4. FEI Number **NOT APPLICABLE** Not Applicable Altamonte Springs, Zip Country \$5.00 Additional 32714 5. Certificate of Status Desired П USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STARK, CHALES H Street Address (P.O. Box Number is Not Acceptable) 986 DOUGLAS AVENUE **SUITE 100** ALTAMONTE SPRINGS, FL 32714 Zio 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, typed or proted 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, 2006 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES **MGRM** TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME BIRCH, SYLVIA J NAME STREET ADDRESS C/O 986 DOUGLAS AVENUE, STE. 100 STREET ADDRESS CDY ST-ZIP ALTAMONTE SPRINGS, FL 32714 CITY-ST-ZIP Detete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change Addition Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Defete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST ZIP TITLE ☐ Delete TETLE ☐ Change ☐ Addition NAME NAME

11. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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.

STREET ADDRESS

CITY-ST-ZIP

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

STREET ADDRESS

CITY-ST-ZIP

Jan 25th 2006

Daytime Phone #

## ATTACHMENT

20004386 #L01000004855

CHARLES H. STARK, P.

Attorney at Law

SUITE 100

CHARLES H. STARK

E-MAIL CHSTARK@BELLSOUTH.NET

986 DOUGLAS AVENUE
ALTAMONTE SPRINGS, FLORIDA
32714

TELEPHONE (407) 788-0250 FACSIMILE (407) 788-7244

January 30, 2006

Division of Corporations P.O. Box 6478 Tallahassee, FL 32314

Re:

Birch Holdings, LLC (#L01000004855)

Dear Sir or Madam:

Enclosed for filing is the 2006 Limited Liability Company Annual Report for the above-referenced entity, as well as check #2095 payable to the Florida Department of State in the amount of Fifty Dollars (\$50) representing the fee for this service.

Please contact the undersigned directly with any questions.

Sincerely,

Charles H. Stark

CHS/db Enclosures