2005 LIMITED LIABILITY COMPÂNY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L01000012539

1. Entity Name

DIGITAL JUICE HOLDINGS, LLC



FILED Apr 26, 2005 08:00 AM Secretary of State

Principal Place of Business_

1736 NE 25TH AVE OCALA, FL 34470 Mailing Address

1736 NE 25TH AVE OCALA, FL 34470



03112005 No Chg-LLC

CR2E083 (10/03)

Daytime Phone #

4. FEI Number	Applied For
59-3748678	Not Applicable
A	

Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HEBEL, DAVID R 1736 NE 25TH AVE OCALA, FL 34470

CITY-ST-7IP

SIGNATURE: /

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGE

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	 named entity submits this statement for the purpose of chan tions of registered agent. 	ging its registered office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE, Registered Agent signature required when reinstating)	DATE
F D	iling Fee is \$50.00 ue by May 1, 2005		000000332218 04/26/05-80051-002 50.00
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRUNNER, LAURA 1736 NE 25TH AVE OCALA, FL 34470		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HEBEL, DAVID R 1736 NE 25TH AVE OCALA, FL 34470		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN .	THIS SPACE
TITLE NAME STREET ADDRESS GRY-ST-ZIP			
TITLE NAME STREET ADDRESS			

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 receives or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

G MEMBER, OR AUTHORIZED REPRESENTATIVE