

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000012618

Entity Name: FERNS HOLDER, L.L.C.

FILED  
Apr 13, 2009  
Secretary of State

**Current Principal Place of Business:**

901 MULBERRY AVE  
PANAMA CITY, FL 32401

**New Principal Place of Business:**

500 HARRISON AVENUE  
PANAMA CITY, FL 32401

**Current Mailing Address:**

901 MULBERRY AVE  
PANAMA CITY, FL 32401

**New Mailing Address:**

500 HARRISON AVENUE  
PANAMA CITY, FL 32401

FEI Number: 38-3742210

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HUGHES, J. ROBERT  
220 MCKINZIE AVE  
PANAMA CITY, FL 32401 US

**Name and Address of New Registered Agent:**

ESTATE TREASURES AT HARRISON  
500 HARRISON AVENUE  
PANAMA CITY, FL 32401 US

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.

SIGNATURE: DWIGHT HICKS

04/13/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: HICKS, DWIGHT C  
Address: 2706 WOODMERE  
City-St-Zip: PANAMA CITY, FL 32401

Title: MGRM ( ) Delete  
Name: HICKS, WANDA M  
Address: 2706 WOODMERE  
City-St-Zip: PANAMA CITY, FL 32401

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DWIGHT HICKS

MGRM

04/13/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date