


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90097 008 ****50.00

DOCUMENT # L01000015184 1. Entity Name LAST HOLE LLC					
Principal Place of Business 2374 OAK STREET MELBOURNE BEACH, FL 32951			Mailing Address 6111 RIVER GROVE SEBASTIAN, FL 32976		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 1965 Emerson Dr SE Suite, Apt. #, etc.			
City & State		City & State Palm Bay FL		4. FEI Number 59-3734687	
Zip 32909	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BURY, GEORGE 6111 RIVER GROVE DR MICCO, FL 32976			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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	P BURY, GEORGE S 6111 RIVER GROVE DR MICCO, FL 32976	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Bury, Terri 1965 Emerson Dr SE Palm Bay FL 32909	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Bury, Terri 1965 Emerson Dr SE Palm Bay FL 32909	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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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: George S. Bury 4/26/05 321-953-8099					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					