


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90175 045 ****50.00

DOCUMENT # L02000004423

1. Entity Name
 T & H HOLDINGS, LLC



Principal Place of Business
 1254 S. JOHN YOUNG PARKWAY
 KISSIMMEE, FL 34741 US

Mailing Address
 1254 S. JOHN YOUNG PARKWAY
 KISSIMMEE, FL 34741 US

DO NOT WRITE IN THIS SPACE



01142005No Chg-LLC CR2E083 (10/03)

4. FEI Number
 04-3614063

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CHALIFOUX, THOMAS E JR.
 3500 OLD TAMPA HWY.
 KISSIMMEE, FL 34741

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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: *Thomas Chalifoux* *no charge* *2/15/05*

Signature typed or printed 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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHALIFOUX, THOMAS E JR 3500 OLD TAMPA HWY. KISSIMMEE, FL 34741
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHALIFOUX, HARRY W 3325 INDIANA AVE. ST. CLOUD, FL 34769
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Thomas Chalifoux* *2/15/05*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #