


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 03, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000014173 1. Entity Name 3M HOLDINGS, LLC	
--	---

Principal Place of Business 1850 PORTER LAKE DRIVE, SUITE 104 SARASOTA, FL 34240	Mailing Address 1850 PORTER LAKE DRIVE, SUITE 104 SARASOTA, FL 34240
--	--



01252004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 11-3642438	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
---	--

6. Name and Address of Current Registered Agent

KING, ROBIN
1850 PORTER LAKE DRIVE, SUITE 104
SARASOTA, FL 34240

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KING, ROBIN 1850 PORTER LAKE DRIVE, SUITE 104 SARASOTA, FL 34240
--	--

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KING, WILLIAM 1850 PORTER LAKE DRIVE, SUITE 104 SARASOTA, FL 34240
--	--

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
--	--

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
--	--

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
--	--

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
--	--

U000000031729
02/04/04-80160-009 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____

Robin R. King

01/28/2004

(941) 377-6544

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

Date

Daytime Phone #