


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90139 006 ****50.00

DOCUMENT # L02000016440	
1. Entity Name DON CARDINAL HOLDING COMPANY, L.L.C.	

Principal Place of Business 2409 BEACHWOOD RD. AMELIA ISLAND FL 32034.	Mailing Address 2409 BEACHWOOD RD. AMELIA ISLAND FL 32034
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2. Principal Place of Business 37 MARSH HAWK RD	3. Mailing Address 37 MARSH HAWK RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State AMELIA ISLAND FL.	City & State AMELIA ISLAND FL.
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Zip 32034	Country USA	Zip 32034	Country USA
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1st MOORE	CR2E083 (10/04)
4. FEI Number NO-T APPLICABLE	Applied For Not Applicable

6. Name and Address of Current Registered Agent TOMASSETTI, A. JEFFREY ESQ. 406 ASH ST. FERNANDINA BEACH FL 32034	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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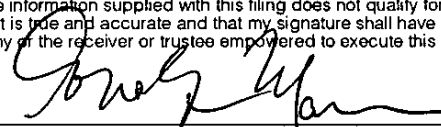
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MANN, DONALD L 2409 BEACHWOOD RD. AMELIA ISLAND FL 32034 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE:  **2-3-05 800567-1676**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #