


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2005 8:00 am
Secretary of State

04-07-2005 90092 032 ****50.00

DOCUMENT # L02000018924		
1. Entity Name HOLDING GROUP, LLC		

Principal Place of Business 38 HIGHLAND STREET CRAWFORDVILLE, FL 32327	Mailing Address 38 HIGHLAND STREET CRAWFORDVILLE, FL 32327
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2. Principal Place of Business 1157 STONEY CREEK WAY Suite, Apt. #, etc.	3. Mailing Address 1157 STONEY CREEK WAY Suite, Apt. #, etc.
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City & State TALLAHASSEE, FL 32317	City & State TALLAHASSEE, FL 32317
Zip 32317	Country LEON

6. Name and Address of Current Registered Agent PAYNE, WILLIAM M 38 HIGHLAND STREET CRAWFORDVILLE, FL 32327 1157 STONEY CREEK WAY TALLAHASSEE, FL 32317	
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04042005 Chg-LLC CR2E083 (10/03)

4. FEI Number 33-1014922	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

7. Name and Address of New Registered Agent Name WILLIAM MARK PAYNE Street Address (P.O. Box Number is Not Acceptable) 1157 STONEY CREEK WAY City TALLAHASSEE, FL Zip Code 32317	
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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 _____

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PAYNE, MARK 38 HIGHLAND ST CRAWFORDVILLE, FL 32327 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PAYNE, MARK 1157 STONEY CREEK WAY TALLAHASSEE, FL 32317 <input checked="" 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
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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  4-4-05 850-386-6184
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #