2005 LIMITED LIABILITY COMPANY

FILED e

	ANNUAL REPORT	' '	Apr 11, 2005 08:00	
1. Entity Nan	MENT # L02000031911 THOLDINGS, LLC		Secretary of Stat	
Principal Place of Business Mailing Address 11318 BUSINESS PARK BLVD. 11318 BUSINESS PARK BLVD JACKSONVILLE, FL 32256 JACKSONVILLE, FL 32256).		
Ē	OO NOT WRITE IN THIS SPA	CE	01062005 No Chg-LLC CR2E083 (10/03) 4. FEI Number	
6. Name and Address of Current Registered Agent				
	· · · · · · · · · · · · · · · · · · ·		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 take if applicable (NOTE. Registered Agent signature required when reinstaling) DATE Filling Fee is \$50.00 Due by May 1, 2005				
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DP WARFEL, CHARLES A 6701 POTTSBERG DR JACKSONVILLE, FL 32216 DVS WARFEL, ROSE A 6701 POTTSBURG DR		000000299763 04/11/05-80123-012 50.00	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	JACKSONVILLE, FL 32216		DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		-	IN THIS SPACE	
NAME				

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 cath; that I am a managing member or manager of the limited liability company on the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Date

URE: 400 - 105E 1. LA SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE SIGNATURE:

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