LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)								
DOCUMENT # L02000031911	7							

FILED Feb 25, 2003 8:00 am Secretary of State

1. Entity Na	HOLDINGS, LLC DO NOT WRITE	IN THIS S	V/ SPAC	E	02-25-2003 9008	
2. Principal	Place of Business	3. Mailing Address		a a		
		ME				
City & Sta	nto.				DO NOT WRITE IN TH	HIS SPACE
JACKSON	WILLE, FL	City & State			4. FEI Number 06–1668003	Applied For Not Applicable
Zip 32256	Country USA	Zip	Cour	ntry	5. Certificate of Status Desired	\$5.00 Additional
		L			7. Name and Address of Current Registe	Fee Required
2 2 2	DO NOT W	RITE		Name ROSE	A. WARFEL	
	IN THIS SPACE			Street Address (F.O. Box Number is Not Acceptable) - 6701 - POTTSBURG DR.		
S The show		+4-		City JACK	SONVILLE For agent, or both, in the State of Florida. I are	Zip Code 32216
SIGNATURE		Make Check Payat	FEE IS	rida Departmen	DAT	103
†ITLE	MANAGING MEMBER	S/MANAGERS	ZITE.			
NAME STREET ADDRESS	WARFEL, CHARLES A.		TITLE			7.4
CITY-ST-ZIP	6701 POTTSBURG DR. JACKSONVILLE, FL 32	216		T ADDRESS ST-ZIP		
TITLE NAME	DVS WARFEL, ROSE A.		MLE			
STREET ADDRESS	6701 POTTSBURG DR.		NAME STREE	FADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32	216	CITY-	(建物)(1990年)(全球)(在1992年) - 1993年 - 199		
TITLE NAME			TITLE NAME			
STREET ADDRESS .CITY-ST-ZIP			STREET	ADDRESS	DO NOT WE	ITE I
TITLE			GHY C	1-20	DO NOT WR	
NAME STREET ADDRESS CITY-ST-ZIP			NAME	ADDRESS 1-zip	IN THIS SPA	CE
TITLE NAME		H	TITLE			
STREET ADDRESS			name Street	ADDRESS		
CITY-ST-ZIP TITLE			CITY-8	r- Ztp		
NAME			TITLE NAME			
STREET ADDRESS CITY-ST-ZIP		•	新新了新印度	ADDRESS		
1. I hereby ce	rtify that the information supplied with this	A FORM and and an	CITY-ST	-ur		

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 NOSE A. WARFEL SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE