

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90011 007 ****55.00

DOCUMENT # L03000000552

1. Entity Name

CMN HOLDINGS, L.L.C.



Principal Place of Business

3672 SE FORECASTLE CT
STUART FL 34997

Mailing Address

3672 SE FORECASTLE CT
STUART FL 34997

2. Principal Place of Business

203 SHALIMAR ST.

Suite, Apt. #, etc.

3. Mailing Address

P.O. DRAWER 9418

Suite, Apt. #, etc.

City & State

PANAMA CITY, FL

Zip

32413

Country

BAY

City & State

PANAMA CITY FL

Zip

32417

Country

BAY

4. FEI Number

65-1178760

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/04)



6. Name and Address of Current Registered Agent

NOVOTA, CHARLES M
3672 SE FORECASTLE CT
STUART FL 34997

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 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

TITLE MGR
NAME NOVOTA, CHARLES M
STREET ADDRESS 3672 SE FORECASTLE CT
CITY-ST-ZIP STUART FL 34997

☐ Delete

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10. ADDITIONS/CHANGES

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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:

Charles M. Novota

CHARLES M. NOVOTA

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

3-29-05

772-781-7229

Date

Daytime Phone #