

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90047 048 ****50.00

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| DOCUMENT # L03000001846 | | | | | |
| 1. Entity Name MULTICO HOLDINGS, LLC | | | | | |
| Principal Place of Business 8100 TRAIL BOULEVARD NAPLES, FL 34108 | | | Mailing Address 8100 TRAIL BOULEVARD NAPLES, FL 34108 | | |
| 2. Principal Place of Business 545 13th Ave. South Suite, Apt. #, etc. | | 3. Mailing Address 545 13th Ave. South Suite, Apt. #, etc. | | | |
| City & State Naples, FL | | City & State Naples, FL | | 4. FEI Number 14-1873320 | |
| Zip 34102 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent HOVEY, WILLIAM M MR 575 13TH AVENUE SOUTH NAPLES, FL 34102 | | | 7. Name and Address of New Registered Agent Name: Donald W. Mercer Street Address (P.O. Box Number is Not Acceptable): 545 13th Ave. South City: Naples FL Zip Code: 34102 | | |
| 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: | | Donald W. Mercer, MGRM | | 2/7/06 | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | (NOTE: Registered Agent signature required when reinstating) | | DATE | |
| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM HOVEY, WILLIAM M MR 575 13TH AVENUE SOUTH NAPLES, FL 34102 | | <input checked="" type="checkbox"/> Delete | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM MERCER, DONALD W 545 17TH AVE S NAPLES, FL 34102 | | <input type="checkbox"/> Delete | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | <input type="checkbox"/> Delete | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | <input type="checkbox"/> Delete | | |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: | | Donald W. Mercer | | 2/7/06 (239) 571-0319 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | Date | | Daytime Phone # | |