

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90315 011 \*\*\*\*50.00

**DOCUMENT # L03000005528**

1. Entity Name  
**IOLA HOLDINGS LLC**



Principal Place of Business  
**214 GAUTIER LANE  
PORT ST. JOE, FL**

Mailing Address  
**214 GAUTIER LANE  
PORT ST. JOE, FL**

2. Principal Place of Business - No P.O. Box #  
**252 Marina Dr**  
Suite, Apt. #, etc.

3. Mailing Address  
**252 Marina Drive**  
Suite, Apt. #, etc.



04302007 Chg-LLC CR2E083 (12/06)

City & State  
**Port St Joe FL**  
Zip  
**32456** Country  
**US**

City & State  
**Port St Joe FL**  
Zip  
**32456** Country  
**US**

4. FEI Number  
**45-0501951** Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**RISH, GIBSON & SCHOLZ, P.A.  
206 EAST FOURTH STREET  
PORT ST. JOE, FL 32456**

**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

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
RISH, RALPH  
450 BLAKE DRIVE  
WEWAHITCHKA, FL 32465** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
RISH, WILLIAM J JR  
214 GAUTIER LANE  
PORT ST. JOE, FL 32456** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

**10. ADDITIONS/CHANGES**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**252 Marina Drive  
Port St Joe FL 32456** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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

date - 4/30/2007

#850-227-9600