

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/2

FILED
May 10, 2004 8:00 am
Secretary of State

04-23-2004 90011 047 ****55.00

DOCUMENT # L03000009496

1. Entity Name
CORPORATE HOLDINGS, L.L.C.



Principal Place of Business
**8705-8 PERIMETER PARK BLVD.
JACKSONVILLE, FL 32216**

Mailing Address
**8705-8 PERIMETER PARK BLVD.
JACKSONVILLE, FL 32216**

34005507



2. Principal Place of Business
8711 PERIMETER PARK BLVD

3. Mailing Address
8711 PERIMETER PARK BLVD

Suite, Apt. #, etc.
SUITE 11

Suite, Apt. #, etc.
SUITE 11

04142004 Chg-LLC CR2E083 (10/03)

City & State
JACKSONVILLE, FL

City & State
JACKSONVILLE, FL

4. FEJ Number
34-2105275

Applied For
☐ Not Applicable

Zip Country
32216 USA

Zip Country
32216 USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BARTLETT, BARON L ESQ.
C/O BARTLETT & DEAL, P.A.
135 PROFESSIONAL DRIVE, SUITE 101
PONTE VEDRA BEACH, FL 32082**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

**Filing Fee is \$50.00
Due by May 1, 2004**

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

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

**MGM
FORT, DONALD C.
8711-11 PERIMETER PARK BLVD.
JACKSONVILLE, FL 32216**

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 606, Florida Statutes.

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

4/14/04 **(904) 641-0018**
Date Daytime Phone #