

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000014478

FILED  
Mar 17, 2005  
Secretary of State

Entity Name: I-4 HOWLAND INVESTMENTS, LLC

**Current Principal Place of Business:**

1798 S. WOODLAND BLVD.  
DELAND, FL 32720 US

**New Principal Place of Business:**

**Current Mailing Address:**

1798 S. WOODLAND BLVD.  
DELAND, FL 32720 US

**New Mailing Address:**

P.O. BOX 2076  
DELAND, FL 32721 US

FEI Number: 01-0779039

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BIERNACKI, RAYMOND A JR.  
2667 ENTERPRISE ROAD  
ORANGE CITY, FL 32763 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: DEMARSH, WILLIAM F  
Address: 1798 S. WOODLAND BLVD.  
City-St-Zip: DELAND, FL 32720 US

Title: MGRM ( ) Delete  
Name: HYZER, DAVID  
Address: 175 THOMPSON RD  
City-St-Zip: BAD AXE, MI 48413 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: DEMARSH, WILLIAM F  
Address: P.O. BOX 2076  
City-St-Zip: DELAND, FL 32721 US

Title: MGRM (X) Change ( ) Addition  
Name: HYZER, DAVID  
Address: P.O. BOX 100  
City-St-Zip: BAD AXE, MI 48413 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: WILLIAM F DEMARSH

MGRM

03/17/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date