

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 03, 2007 08:00 A
Secretary of State

DOCUMENT # L03000018605 1. Entity Name SQUIRE HOLDINGS, LLC	
---	---

Principal Place of Business 365 TAFT-VINELAND ROAD SUITE 105 ORLANDO, FL 32824 US	Mailing Address 365 TAFT-VINELAND ROAD SUITE 105 ORLANDO, FL 32824 US
---	---

DO NOT WRITE IN THIS SPACE


04162007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 73-1667701	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent FOUST, KATHLEEN M 17 S. ORLANDO AVE. KISSIMMEE, FL 34741	DO NOT WRITE IN THIS SPACE
--	---------------------------------------

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 re-registering) DATE

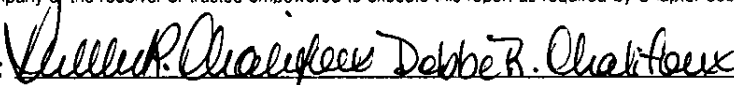
**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHALIFOUX, DEBBE R 6105 LAKE LIZZIE DR. SAINT CLOUD, FL 34771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MADISON, PETE 4908 OAK ISLAND RD. ORLANDO, FL 32809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RUSSELL, JOHN B 2645 CHEROKEE RD. ST. CLOUD, FL 34772
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

U00000759657
05/24/07-80051-008 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, relating to filing of information by a limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **4/30/07 407-908-5730**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #