## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000018605

1. Entity Name

SQUIRE HOLDINGS, LLC



Principal Place of Business

365 TAFT-VINELAND ROAD

SUITE 105

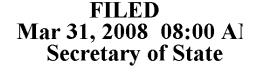
ORLANDO, FL 32824 US

Mailing Address

365 TAFT-VINELAND ROAD

SUITE 105

ORLANDO, FL 32824 US





03202008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 73-1667701

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

FOUST, KATHLEEN M 17 S. ORLANDO AVE. KISSIMMEE, FL 34741

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and the property of the state o

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 Fiorida. 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)

U00000874653 <del>04/11/03-8000</del>1-007-138.79

## FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

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		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

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 YELLOW JULIAN JELONE TO LOCAL SIGNATURE AND TYPED OR PRINTED NAME OF FIGNING MANAGING MEMBER, OR AUTHORIZED REPREBENTATIVE

5/87/08 407-908-5782