2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

1. Entity Nam	MENT # L0300002417 STMENTS HOLDINGS, L.L.C	«×≃ (ر	g gir sec w			Jun 06, 2005 08:00 AM Secretary of State			
Principal Place of Business 2523 MODAL TRAIL WINTER PARK FL 32789		Mailing Address 2523 MODAL TRAIL WINTER PARK FL 32789							
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			1	st MOORE	CR2E08	3 (10/04)	
City & State		City & State			4. FEI Num	80-007116	3	No	plied For t Applicable
Zip	Country	Zip	Country		5. Certifica	te of Status Desired		\$5.00 Add Fee Required	
	6. Name and Address of Current	Registered Agent		Name	7. Name ar	nd Address of New I	Registered	Agent	
GEN 252 WIN				(P.O. Box Num	nber is Not Acceptabl	e)		· •	
				City			 FI	Zip Code	 9 .
8. The above the obligat	named entity submits this statement for ions of registered agent.	or the purpose of changing it	is register	l ed office or regist	ered agent, or b	ooth, in the State of Fl	orida. I am	familiar with,	and accept
SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable (NO	TE Angistere	d Agent signature requir	od whon reinstating)		DATE		
		Make Check Payal	ble to Fl	FEE IS \$50.00 orida Departm ay 1, 2005				 _	
9.	RS/MANAGERS	10.			ADDITIONS	/CHANGE	S	<u>-</u> <u>-</u>	
NAME STREET ADDRESS CITY-ST-ZIP	MGRM GENTLE, JIMMIE L 2523 MODAL TR WINTER PARK FL 32789	□ Delete	1					☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	MGRM GENTLE, DONALD L 2434 BROOKWOOD DR CAPE GIRARDEAU MO 63701	☐ Delete		I		0000003 06/06/05-8	369019 30002-0	□ Change 0.01 16 50.01	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GENTLE, STEPHEN W 2517 MODAL TR WINTER PARK FL 32789	☐ Delete		1				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GENTLE, J. DAVID 1727 LK. WAUMPI DR WINTER PARK FL 32789	□ Delete		l				☐ Change	Addition
TITLE NAME STREET ADDRESS OTY-ST-ZIP		□ Delete						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY	AE EET ADDRESS Y-S1-ZIP				☐ Change	Addition
11. I hereby indicated limited lia	certify that the information supplied wit d on this report is true and accurate and ability company or the receiver or truste	h this filing does not qualify I d that my signature shall hav se empowered to execute thi	for the exe e the sam is report a	emption stated in le legal effect as i ls required by Cha	Section 119.07(f made under o apter 608, Floric	(3)(i), Florida Statutes ath; that I am a mana da Statutes.	. I further caging mem	ertify that the in ber or manage	nformation er of the

FILED

Date

Daytime Phone #