2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 06, 2005
Secretary of State

DOCUMENT# L03000028890

Entity Name: THRESHOLD, LLC

Current Principal Place of Business:

100 RUE BOCAGE
LYNN HAVEN, FL 32444

New Principal Place of Business:

Current Mailing Address:

100 RUE BOCAGE
LYNN HAVEN, FL 32444

New Mailing Address:

FEI Number: 80-0072360 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROGERS, CLARK T
100 RUE BOCAGE
LYNN HAVEN, FL 32444 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: ROGERS, CLARK T
Address: 100 RUE BOCAGE
City-St-Zip: LYNN HAVEN, FL 32444

Title: MGRM ( ) Delete
Name: WEBSTER, DAVID L
Address: 1208 SAVANNAH DR
City-St-Zip: PANAMA CITY, FL 32405

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change ( ) Addition
Name: ROGERS, VALERIE D
Address: 100 RUE BOCAGE
City-St-Zip: LYNN HAVEN, FL 32444

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: VALERIE D ROGERS MGRM 01/06/2005

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