

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000031806

FILED  
Aug 19, 2004  
Secretary of State

**Entity Name:** BEST HOLDINGS NATIONWIDE, LLC

**Current Principal Place of Business:**

806 GOLFPARK DRIVE  
CELEBRATION, FL 34747

**New Principal Place of Business:**

**Current Mailing Address:**

806 GOLFPARK DRIVE  
CELEBRATION, FL 34747

**New Mailing Address:**

P.O. BOX 470071  
CELEBRATION, FL 34747

**FEI Number:** 20-0208095

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WILSON, DONALD H JR.  
245 SOUTH CENTRAL AVENUE  
BARTOW, FL 33830 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: MGR ( ) Delete  
Name: STRICKLAND, BRUCE E  
Address: 806 GOLFPARK DRIVE  
City-St-Zip: CELEBRATION, FL 34747

Title: MGR ( ) Delete  
Name: STRICKLAND, KATRINA W  
Address: 806 GOLFPARK DRIVE  
City-St-Zip: CELEBRATION, FL 34747

**ADDITIONS/CHANGES:**

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

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

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:** BRUCE E. STRICKLAND

MGR

08/19/2004

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