

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**



1st MOORE CR2E083 (10/04)

4. FEI Number **NO-T APPLICABLE** ☐ Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

HOLDEN, JEFFREY K  
121 N. KENTUCKY AVENUE  
LAKELAND FL 33801

## 7. Name and Address of New Registered Agent

Name  
Street Address (P. O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

## 9. MANAGING MEMBERS/MANAGERS

|                 |                        |                                 |
|-----------------|------------------------|---------------------------------|
| TITLE           | MGRM                   | <input type="checkbox"/> Delete |
| NAME            | HOLDEN, JEFFREY K      |                                 |
| STREET ADDRESS  | 121 N. KENTUCKY AVENUE |                                 |
| CITY - ST - ZIP | LAKELAND FL 33801      |                                 |
| TITLE           | MGRM                   | <input type="checkbox"/> Delete |
| NAME            | KINNICK, GARY          |                                 |
| STREET ADDRESS  | 121 N. KENTUCKY AVENUE |                                 |
| CITY - ST - ZIP | LAKELAND FL 33801      |                                 |
| TITLE           |                        | <input type="checkbox"/> Delete |
| NAME            |                        |                                 |
| STREET ADDRESS  |                        |                                 |
| CITY - ST - ZIP |                        |                                 |
| TITLE           |                        | <input type="checkbox"/> Delete |
| NAME            |                        |                                 |
| STREET ADDRESS  |                        |                                 |
| CITY - ST - ZIP |                        |                                 |
| TITLE           |                        | <input type="checkbox"/> Delete |
| NAME            |                        |                                 |
| STREET ADDRESS  |                        |                                 |
| CITY - ST - ZIP |                        |                                 |

## 10. ADDITIONS/CHANGES

|                 |  |                                                              |
|-----------------|--|--------------------------------------------------------------|
| TITLE           |  | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME            |  |                                                              |
| STREET ADDRESS  |  |                                                              |
| CITY - ST - ZIP |  |                                                              |
| TITLE           |  | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME            |  |                                                              |
| STREET ADDRESS  |  |                                                              |
| CITY - ST - ZIP |  |                                                              |
| TITLE           |  | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME            |  |                                                              |
| STREET ADDRESS  |  |                                                              |
| CITY - ST - ZIP |  |                                                              |
| TITLE           |  | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME            |  |                                                              |
| STREET ADDRESS  |  |                                                              |
| CITY - ST - ZIP |  |                                                              |

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

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

Date

Daytime Phone #

JEFFREY K. HOLDEN

4/27/05

863-644-1717