



**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000049535</b> 1. Entity Name DAVID HOLLISTER, LLC	
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Principal Place of Business 4127 APPALOOSA LANE MARIANNA, FL 32446	Mailing Address 4127 APPALOOSA LANE MARIANNA, FL 32446
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04032007 No Chg-LLC CR2E083 (11/05)	
4. FEI Number 73-1689791	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  HOLLISTER, DAVID 4127 APPALOOSA LANE MARIANNA, FL 32446
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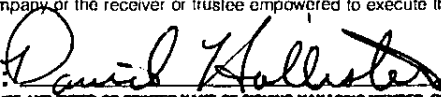
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reissuing)</small>

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOLLISTER, DAVID 4127 APPALOOSA LANE MARIANNA, FL 32446
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U000000714999 04/27/07-80045-023 50.00

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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	4-4-07 850-209-4710 <small>Date Daytime Phone #</small>