


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR 18 AM 9:52

DOCUMENT # L03000050506 1. Entity Name ARNETT HOLDINGS, LLC																							
Principal Place of Business 7860 BROKEN ARROW TRAIL WINTER PARK, FL 32792			Mailing Address 7860 BROKEN ARROW TRAIL WINTER PARK, FL 32792																				
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		City & State City & State																			
City & State City & State		City & State City & State		4. FEI Number 26-1395468																			
Zip Zip		Country Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																			
6. Name and Address of Current Registered Agent ARNETT, CAROLYN H 7860 BROKEN ARROW TRAIL WINTER PARK, FL 32792				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City																			
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State		9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:50%;">NAME</td> <td style="width:10%;">Delete</td> </tr> <tr> <td>NAME</td> <td>ARNETT, CAROLYN H</td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7860 BROKEN ARROW TRAIL</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>WINTER PARK, FL 32792</td> <td></td> </tr> </table>		TITLE	NAME	Delete	NAME	ARNETT, CAROLYN H	<input type="checkbox"/>	STREET ADDRESS	7860 BROKEN ARROW TRAIL		CITY-ST-ZIP	WINTER PARK, FL 32792							
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10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:50%;">NAME</td> <td style="width:10%;">Delete</td> <td style="width:10%;">Change</td> <td style="width:10%;">Addition</td> </tr> <tr> <td>NAME</td> <td>ARNETT, CAROLYN H</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7860 BROKEN ARROW TRAIL</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>WINTER PARK, FL 32792</td> <td></td> <td></td> <td></td> </tr> </table>		TITLE	NAME	Delete	Change	Addition	NAME	ARNETT, CAROLYN H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	STREET ADDRESS	7860 BROKEN ARROW TRAIL				CITY-ST-ZIP	WINTER PARK, FL 32792				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.	
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SIGNATURE: <i>CYN Arnett</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date: 4-11-08 <small>Date</small>		Daytime Phone #: 407-277-3343 <small>Daytime Phone #</small>																			

4/21/08