


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000051566
 1. Entity Name
 THOMAS M. HOLLEY BUILDER, LLC



Principal Place of Business Mailing Address
 1370 LAKEWOOD DR. 1370 LAKEWOOD DR.
 JACKSONVILLE, FL 32259 JACKSONVILLE, FL 32259

DO NOT WRITE IN THIS SPACE



04222005 No Chg-LLC CR2E083 (10/03)

| | |
|---|---------------------------------------|
| 4. FEI Number 20-0429599 | 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
 HOLLEY, THOMAS M
 1370 LAKEWOOD DR.
 JACKSONVILLE, FL 32259

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00
 Due by May 1, 2005

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR HOLLEY, THOMAS M 1370 LAKEWOOD DR. JACKSONVILLE, FL 32259 |
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 04/25/05-80034-001 50.00

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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: Thomas M Holley THOMAS M. HOLLEY 4/22/05 904 655 5125
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #