

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90237 033 ***138.75

60016748

DOCUMENT # L04000010158

1. Entity Name
 LDR HOLDINGS, LLC



Principal Place of Business
 85 SHORE LINE DR
 GULF BREEZE, FL 32561

Mailing Address
 85 SHORELINE DR
 GULF BREEZE, FL 32561

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country Zip Country

03122008 Chg-LLC CR2E083 (12/06)

4. FEI Number
 20-0759790 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

NICKELSEN, ERIC S
 85 SHORELINE DRIVE
 GULF BREEZE, FL 32561

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

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

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	NICKELSEN, ERIC S	
STREET ADDRESS	85 SHORELINE DR	
CITY-ST-ZIP	GULF BREEZE, FL 32561	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	HARRISON, DAVID R	
STREET ADDRESS	1715 EAST GADSDEN ST	
CITY-ST-ZIP	PENSACOLA, FL 32501	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	ROGERS, LE E	
STREET ADDRESS	1520 NORTH 18TH AVE	
CITY-ST-ZIP	PENSACOLA, FL 32503	
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"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	131 SHORELINE DR.	
CITY-ST-ZIP	GULF BREEZE, FL 32561	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: _____ **3/12/08** **850-444-3281**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #