

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000012926

FILED
May 18, 2005
Secretary of State

Entity Name: MONTEGO BAY HOLDINGS, LLC

Current Principal Place of Business:

11 N. SUMMERLIN AVE.
ORLANDO, FL 32801

New Principal Place of Business:

11524 CLAYMONT CIRCLE
WINDERMERE, FL 34786

Current Mailing Address:

11 N. SUMMERLIN AVE.
ORLANDO, FL 32801

New Mailing Address:

11524 CLAYMONT CIRCLE
WINDERMERE, FL 34786

FEI Number: 65-1221401 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WALKER, ARTHUR ROY
11524 CLAYMONT CIRCLE
WINDERMERE, FL 34786 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: WALKER, CHRISTOPHER
Address: 11524 CLAYMONT CIRCLE
City-St-Zip: WINDERMERE, FL 34786

Title: MGMR () Delete
Name: WALKER, KENNETH ROY
Address: 115241 CLAYMONT CIRCLE
City-St-Zip: WINDERMERE, FL 34786

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CHRISTOPHER ARTHUR ROY WALKER

MGRM

05/18/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date