

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000024184

FILED  
Mar 24, 2008  
Secretary of State

Entity Name: CARSE AND HOLLOWSKY ENTERPRISES, LLC

## Current Principal Place of Business:

272-276 STATE ROAD 312  
RIVERSIDE CENTER  
ST AUGUSTINE, FL 32086

## New Principal Place of Business:

## Current Mailing Address:

272-276 STATE ROAD 312  
RIVERSIDE CENTER  
ST AUGUSTINE, FL 32086

## New Mailing Address:

FEI Number: 20-0932273

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KRESGE, KENNTH R  
1200 PLANTATION ISLAND DRIVE  
230  
ST AUGUSTINE, FL 32080 US

## Name and Address of New Registered Agent:

HOLLOWSKY, WILLIAM F  
208 SHADOWRIDGE CT  
MARCO ISLAND, FL 34145 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: /WILLIAM HOLLOWSKY/

03/24/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: CARSE, JAMES  
Address: 272-276 STATE ROAD 312  
City-St-Zip: ST AUGUSTINE, FL 32086

Title: MGR ( ) Delete  
Name: CARSE, DAPHINE E  
Address: 272-276 STATE ROAD 312  
City-St-Zip: ST AUGUSTINE, FL 32086

Title: MGR ( ) Delete  
Name: HOLLOWSKY, WILLIAM F  
Address: 272-276 STATE ROAD 312  
City-St-Zip: ST AUGUSTINE, FL 32086

Title: MGR (X) Delete  
Name: HOLLOWSKY, DAWN O  
Address: 272-276 STATE ROAD 312  
City-St-Zip: ST AUGUSTINE, FL 32086

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: HOLLOWSKY, WILLIAM F  
Address: 208 SHADOWRIDGE CT  
City-St-Zip: MARCO ISLAND, FL 34145

Title: MGRM (X) Change ( ) Addition  
Name: HOLLOWSKY, DAWN O  
Address: 208 SHADOWRIDGE CT  
City-St-Zip: MARCO ISLAND, FL 34145

Title: MGR (X) Change ( ) Addition  
Name: HOLLOWSKY, WILLIAM E  
Address: 123 CYPRESS VIEW ROAD  
City-St-Zip: NAPLES, FL 34113

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: /WILLIAM HOLLOWSKY/

MGRM

03/24/2008

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