

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000025320

Entity Name: DION CHRISTINE HOLDINGS LLC

FILED  
May 01, 2005  
Secretary of State

## Current Principal Place of Business:

118 SALEM COURT  
ATTN: ANGELA M. POOLE, CPA  
TALLAHASSEE, FL 32301 US

## New Principal Place of Business:

## Current Mailing Address:

118 SALEM COURT  
ATTN: ANGELA M. POOLE, CPA  
TALLAHASSEE, FL 32301 US

## New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )  
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:

ANGELA MOSS POOLE LLC  
118 SALEM COURT  
SUITE A  
TALLAHASSEE, FL 32301 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: MGR ( ) Delete  
Name: POOLE, COREY D  
Address: POST OFFICE BOX 4045  
City-St-Zip: TALLAHASSEE, FL 32315 US

Title: MGR ( ) Delete  
Name: POOLE, ANGELA M  
Address: P.O. BOX 4045  
City-St-Zip: TALLAHASSEE, FL 32315 US

## 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: COREY POOLE

MGRM

05/01/2005

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