2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000033934

1. Entity Name
GENERAL DRIVE HOLDINGS, LLC

Principal Place of Business	Mailing Address
365 TAFT-VINELAND RD. SUITE 105 ORLANDO, FL 32824	365 TAFT-VINELAND RD. SUITE 105 ORLANDO, FL 32824

DO NOT WRITE IN THIS SPACE

03202008No Chg-LLC CR2E083 (12/07)

4. FEI Number
20-1076551
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

FOUST, KATHLEEN M
17 S. ORLANDO AVENUE
KISSIMMEE, FL 34741

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

000000874652
04/11/08-00001-006 138.75

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	RUSSELL, JOHN H
STREET ADDRESS	2645 CHEROKEE ROAD
CITY-ST-ZIP	ST. CLOUD, FL 34772
TITLE	MGRM
NAME	RUSSELL, JOHN B
STREET ADDRESS	2645 CHEROKEE ROAD
CITY-ST-ZIP	ST. CLOUD, FL 34772
TITLE	MGRM
NAME	MADISON, PETER D
STREET ADDRESS	4908 OAK ISLAND ROAD
CITY-ST-ZIP	ORLANDO, FL 32809
TITLE	MGR
NAME	CHALIFOUX, DEBBE R
STREET ADDRESS	6105 LAKE LIZZIE DR
CITY-ST-ZIP	SAINT CLOUD, FL 34771
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Debbe R. Chalifoux 3/27/08 407-908-5732
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #