2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE: JINAM QIN LIN, MGR A
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED Apr 20, 2005 8:00 am Secretary of State

DOCUMENT # L04000044445 1. Entity Name NULAND HOLDING COMPANY, LLC							04-20-2005	5 90040 ()11 ****5	50.00
Principal Place 1503 TURKÉ PLANT CITY,	Y CREEK RO		Mailing Address 1503 TURKEY CREEK ROAD PLANT CITY, FL 33567				II 28 1 8 8 88 1 88 1 89 1 89	N MEXII ETDNI DIE	II 81811 81881 8 11	ur i m 4 u ri
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02082005	Chg-LLC	CR2E08	33 (10/03)	
City & State			City & State			4. FEI Numb	1226818			plied For t Applicable
Zip	Country		Zip				e of Status Desired	ء ك	5.00 Add ee Required	
	6. Name	and Address of Current R	legistered Agent		7. Name and Address of New Registered Agent Name					
LIN, QIN 1503 TURKEY CREEK ROAD					Street Address (P.O. Box Number is Not Acceptable)					
PLANT CITY, FL 33567						 .				
Çi.					City FL Zip Code					
6. 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										
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
Fi Di	iling Fee i ue by Ma	is \$50.00 y 1, 2005				Make check payable to Florida Department of State				
9.		MANAGING MEMBER	RS/MANAGERS			ADDITIONS/	CHANGES			
TITLE				TITL	Į.				☐ Change	Addition
NAME STREET ADORESS	ſ	RKEY CREEK ROAD	I.		ET ADDRESS					
CITY-ST-ZIP	PLANT CITY, FL 33567 MGR			-1	-ST-ZIP					(C) 4 1 1111
TITLE NAME	KONG, H	ING	Delete TITLE		ı				☐ Change	☐ Addition
STREET ADORESS		RKEY CREEK ROAD	STR		ET ADDRESS					
CITY-ST-ZIP	PLANT C	ITY, FL 33567	CITY		-ST-ZIP					
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NAME CIPELL ADDRESS			NAME							
STREET ADDRESS City-St-zip					EET ADDRESS -ST-ZIP					Ì
	Lcertify that th	e information supplied with t	this filing does not qualify for		<u></u>	ection 119 07/3	Vi) Florida Statutee	I further cert	ify that the ir	Inmation
11. I hereby certify that the information supplied with this filing does not qualify 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 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.										

APRIL 1, 2005