

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000044445

Entity Name: NULAND HOLDING COMPANY, LLC

FILED
Jun 19, 2006
Secretary of State

Current Principal Place of Business:

1503 TURKEY CREEK ROAD
PLANT CITY, FL 33567

New Principal Place of Business:

Current Mailing Address:

1503 TURKEY CREEK ROAD
PLANT CITY, FL 33567

New Mailing Address:

FEI Number: 20-1226818 FEI Number Applied For () 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:

LIN, QIN
1503 TURKEY CREEK ROAD
PLANT CITY, FL 33567 US

Name and Address of New Registered Agent:

KONG, HING
1503 TURKEY CREEK ROAD
PLANT CITY, FL 33567 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: HING KONG

06/19/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LIN, QIN
Address: 1503 TURKEY CREEK ROAD
City-St-Zip: PLANT CITY, FL 33567

Title: MGR (X) Delete
Name: KONG, HING
Address: 1503 TURKEY CREEK ROAD
City-St-Zip: PLANT CITY, FL 33567

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: KONG, HING
Address: 1503 TURKEY CREEK ROAD
City-St-Zip: PLANT CITY, FL 33567

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 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: HING KONG

MGR

06/19/2006

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