2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# L04000044883

Entity Name: CONSOLIDATED HOLDINGS, LLC

Current Principal Place of Business:

38048 MERIDIAN AVENUE
DADE CITY, FL 33525

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 236
LAND O' LAKES, FL 34639

New Mailing Address:

FEI Number: 86-1110809 **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:

GERRELL, WILLIAM E IV
37303 HICKORY HILL LANE
DADE CITY, FL 33525 US

Name and Address of New Registered Agent:

DAYTON, WILLIAM G ESQ.
14148 8TH STREET
DADE CITY, FL 33525 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 DAYTON, ESQ. 05/01/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: GERRELL, WILLIAM E IV
Address: 37303 HICKORY HILL LANE
City-St-Zip: DADE CITY, FL 33525

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: GERRELL, WILLIAM E IV
Address: P.O. BOX 236
City-St-Zip: LAND O LAKES, FL 34639

Title: MGRM ( ) Change (X) Addition
Name: GERRELL, MICHELE
Address: P.O. BOX 236
City-St-Zip: LAND O LAKES, FL 34639

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 E GERRELL IV MGMR 05/01/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date