

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000047323

**FILED**  
**Jan 18, 2005**  
**Secretary of State**

**Entity Name:** 211 SOUTH H, LLC

**Current Principal Place of Business:**

211 SOUTH H STREET  
LAKE WORTH, FL 33460 US

**New Principal Place of Business:**

**Current Mailing Address:**

211 SOUTH H STREET  
LAKE WORTH, FL 33460 US

**New Mailing Address:**

FEI Number: 20-1285470

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FREEMAN, TERRENCE N II  
800 VILLAGE SQUARE CROSSING  
STE 310  
PALM BEACH GARDENS, FL 33410 US

**Name and Address of New Registered Agent:**

HOLLAND, DAVID E  
211 SOUTH H STREET  
LAKE WORTH, FL 33460 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: DAVID E HOLLAND

01/18/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: HOLLAND, MICHAEL  
Address: 211 SOUTH H STREET  
City-St-Zip: LAKE WORTH, FL 33460 US

Title: MGRM ( ) Delete  
Name: HOLLAND, DAVID  
Address: 211 SOUTH H STREET  
City-St-Zip: LAKE WORTH, FL 33460 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: DAVID E. HOLLAND

MGRM

01/18/2005

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