

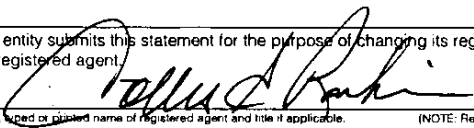
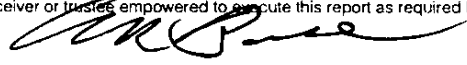


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90094 043 ***138.75

DOCUMENT # L04000050165 1. Entity Name ON HOLD LLC																																																																																																																																			
Principal Place of Business 515 N. FLAGLER DRIVE, 19TH FLOOR WEST PALM BEACH, FL 33401				Mailing Address 515 N. FLAGLER DRIVE, 19TH FLOOR WEST PALM BEACH, FL 33401																																																																																																																															
2. Principal Place of Business - No P.O. Box # 631 U.S. Highway ONE		3. Mailing Address 631 U.S. Highway ONE		 01052008 Chg-LLC CR2E083 (12/06)																																																																																																																															
Suite, Apt. #, etc. SUITE 305		Suite, Apt. #, etc. SUITE 305																																																																																																																																	
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Country USA		Country USA		4. FEI Number 20-1736115																																																																																																																															
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																																																																																																																																			
6. Name and Address of Current Registered Agent BOOSE, WILLIAM R II 515 NORTH FLAGLER DRIVE, SUITE 1900 WEST PALM BEACH, FL 33401			7. Name and Address of New Registered Agent Name COTTIE E. RANKIN Street Address (P.O. Box Number is Not Acceptable) 631 U.S. Highway ONE SUITE 305 City NORTH PALM BEACH FL Zip Code 33408																																																																																																																																
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 1/18/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																																			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State																																																																																																																																
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left;">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="3" style="text-align: left;">10. ADDITIONS/CHANGES</th> </tr> </thead> <tbody> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">MGR</td> <td style="width: 30%; text-align: right;"><input checked="" type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">CO-MGR</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>JERMAN, RICHARD A</td> <td></td> <td>NAME</td> <td>William R. Boose III</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>515 N. FLAGLER DRIVE, 19TH FLOOR</td> <td></td> <td>STREET ADDRESS</td> <td>631 U.S. Highway ONE, Ste. 305</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>WEST PALM BEACH, FL 33401</td> <td></td> <td>CITY-ST-ZIP</td> <td>NORTH PALM BEACH, FL 33408</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td>CO-MGR</td> <td style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td>COTTIE E. RANKIN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td>631 U.S. Highway ONE, Ste. 305</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td>NORTH PALM BEACH, FL 33408</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </tbody> </table>						9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES			TITLE	MGR	<input checked="" type="checkbox"/> Delete	TITLE	CO-MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	JERMAN, RICHARD A		NAME	William R. Boose III		STREET ADDRESS	515 N. FLAGLER DRIVE, 19TH FLOOR		STREET ADDRESS	631 U.S. Highway ONE, Ste. 305		CITY-ST-ZIP	WEST PALM BEACH, FL 33401		CITY-ST-ZIP	NORTH PALM BEACH, FL 33408		TITLE		<input type="checkbox"/> Delete	TITLE	CO-MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME			NAME	COTTIE E. RANKIN		STREET ADDRESS			STREET ADDRESS	631 U.S. Highway ONE, Ste. 305		CITY-ST-ZIP			CITY-ST-ZIP	NORTH PALM BEACH, FL 33408		TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			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:  DATE 1/18/08 561-310-7809 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																																																																																																																																			