2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 06, 2006
Secretary of State

DOCUMENT# L04000060433

Entity Name: O & S HOLDINGS, LLC

Current Principal Place of Business:

735 WHISPER WOODS DRIVE
LAKELAND, FL 33813

New Principal Place of Business:

P. O. BOX 7266
LAKELAND, FL 33807

Current Mailing Address:

735 WHISPER WOODS DRIVE
LAKELAND, FL 33813

New Mailing Address:

PO BOX 7266
LAKELAND, FL 33807

FEI Number: 20-1495012 **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:

LASMAN, JEFFREY M
C/O LASMAN LAW FIRM, P.A.
115 PROVIDENCE ROAD
BRANDON, FL US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	OLIVERA, FELIPE L	
Address:	P O BOX 7266	
City-St-Zip:	LAKELAND, FL 338077266	
Title:	MGRM	( ) Delete
Name:	OLIVERA, MAGDALINE M	
Address:	P O BOX 7266	
City-St-Zip:	LAKELAND, FL 338077266	
Title:	MGRM	( ) Delete
Name:	STANGL, ALEJANDRO R	
Address:	P O BOX 7266	
City-St-Zip:	LAKELAND, FL 338077266	
Title:	MGRM	( ) Delete
Name:	STANGL, ALICIA E	
Address:	PO BOX 7266	
City-St-Zip:	LAKELAND, FL 338077266	
Title:	MGRM	( ) Delete
Name:	OLIVERA, FELIPE J	
Address:	PO BOX 7266	
City-St-Zip:	LAKELAND, FL 338077266	
Title:	MGRM	( ) Delete
Name:	OLIVERA, ALICIA M	
Address:	PO BOX 7266	
City-St-Zip:	LAKELAND, FL 338077266	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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: FELIPE OLIVERA MR 07/06/2006

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