## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

HAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

## Feb 27, 2006 08:00 AM **DOCUMENT # L04000062292 Secretary of State** WILLIAM D. HOLLAND LLC Principal Place of Business Mailing Address **800 GILLESPIE AVE 800 GILLESPIE AVE** SARASOSTA, FL 34236 SARASOSTA, FL. 34236 02212006Na Cha-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number NOT APPLICABLE Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HOLLAND, WILLIAM D DO NOT WRITE **800 GILLESPIE AVE** SARASOTA, FL 34236 IN THIS SPACE 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. Signature, typed or printed name of registered agent and afte if applicable (NOTE. Registered Agent signature regulated when reinstalling) DATE Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS D. MGRM TITLE NAME HOLLAND, WILLIAM D STREET ADDRESS 800 GILLESPIE AVE C117-57-21 SARASOTA, FL 34236 me NAME STREET ADDRESS CITY-ST-ZIF TITLE NAME STREET ADURESS DO NOT WRITE CITY-57-20° TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

**FILED** 

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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: 2 Halland	WILLIAM D. H	OLLAND "	2/21/06
SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTH	HORIZED REPRESENTATIVE	Carte	Daytime Phone it