


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90197 022 *****50.00

DOCUMENT # L04000065262	
1. Entity Name A & D HOLDINGS, LLC	

Principal Place of Business 2909 BOONE DRIVE LAGO VISTA, TX 78645 US	Mailing Address 20440 DONOVAN DR SEMINOLE, AL 36574 US
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2. Principal Place of Business - No P.O. Box # 20440 Donovan Dr.	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Seminole, AL	City & State
Zip 36574	Country Baldwin



01312007 Chg-LLC CR2E083 (12/06)

4. FEI Number 30-0270938	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent HOSMAN, JOHN D O'SULLIVAN CREEL, LLP; 316 S. BAYLEN ST. SUITE 200 PENSACOLA, FL 32502	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOSMAN, ANGIA L 20440 DONOVAN DR SEMINOLE, AL 36574 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOSMAN, DON P 20440 DONOVAN DR SEMINOLE, AL 36574 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Angia L. Hosman 1-31-07 251-946-2466
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #