2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 25, 2005 8:00 am Secretary of State

DOCUMENT # L0400065825 1. Entity Name 910 HOLDING LLC					01-25-2005 90084 034 ****50.00				
Principal Place of Business		Mailing Address	Mailing Address		£00000				
15 EAST 5TH STREET		15 EAST 5TH STREET							
Suite 2700 Tulsa, ok 74103 us		SUITE 2700 Tulsa, ok 74103 us							
2. Principal Place of Business		3. Mailing Address		-					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01052005	Chg-LLC	CR2E0	83 (10/03)		
City & State		City & State		4. FEI Number 20–152		·		oplied For ot Applicable	
Zip	Country	Zip	Zip Country		5. Certificate of Status Desired Sta				
	6. Name and Address of Currer	nt Registered Agent			7. Name and	Address of New R	egistered A	Agent	
MURDOCI	H, ROBERT E			Name					
	UNRISE BLVD		Si		(P.O. Box Numb	er is Not Acceptable	9)		
FT. LAUDI	ERDALE, FL 33304			_					
				City			FL	Zip Cod	ө
	named entity submits this statement tions of registered agent.	for the purpose of changing its	registere	ed office or registe	ered agent, or bo	th, in the State of Flo	orida. I am	familiar with,	and accept
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE	: Registered	d Agent signature require	ed when reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2005					Make check payable to Florida Department of State				
								-	B
		BERS/MANAGERS	10.				a Departm	ent of State	e
9. TITLE	ue by May 1, 2005 MANAGING MEME MGRM	BERS/MANAGERS	TITLE			Florida	a Departm	ent of State	Addition
9. TITLE NAME	MANAGING MEME MGRM WILLIAMS, DALE A	☐ Delete	TITLE NAME	E		Florida	a Departm	ent of State	· · · · · · · · · · · · · · · · · · ·
9. TITLE	ue by May 1, 2005 MANAGING MEME MGRM	☐ Delete	TITLE NAME STREE			Florida	a Departm	ent of State	· · · · · · · · · · · · · · · · · · ·
9. IITLE NAME STREET ADDRESS	MANAGING MEME MGRM WILLIAMS, DALE A 15 E. 5TH STREET, SUITE 270	☐ Delete	TITLE NAME STREE	E Et address -St-Zip		Florida	a Departm	ent of State	· · · · · · · · · · · · · · · · · · ·
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11. I hereby certify that the information supplied with this filing does not qualify 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 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.