


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 02, 2008 8:00 am**  
**Secretary of State**

04-02-2008 90150 043 \*\*\*138.75

<b>DOCUMENT # L04000065825</b>	
1. Entity Name 910 HOLDING LLC	

Principal Place of Business 15 EAST 5TH STREET SUITE 2700 TULSA, OK 74103 US	Mailing Address 15 EAST 5TH STREET SUITE 2700 TULSA, OK 74103 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address PO Box 4779
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State Tulsa OK
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Zip	Country	Zip	Country
		74109	USA

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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MURDOCH, ROBERT E 2455 E. SUNRISE BLVD SUITE 1000 FT. LAUDERDALE, FL 33304	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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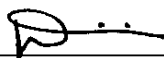
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to</b> <b>Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILLIAMS, DALE A 15 E. 5TH STREET, SUITE 2700 TULSA, OK 74103 <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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 3/11/08
President of Interest Management Ltd as manager	