

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000083590

Entity Name: TYRONE HOLMES LC

FILED
Apr 21, 2005
Secretary of State

Current Principal Place of Business:

8412 N. HABANA
SUITE B
TAMPA, FL 33614

New Principal Place of Business:

Current Mailing Address:

8412 N. HABANA
SUITE B
TAMPA, FL 33614

New Mailing Address:

PO BOX 25093
TAMPA, FL 33622

FEI Number: 06-1734994

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLASHER, PAUL
8412 N. HABANA
SUITE B
TAMPA, FL 33614 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/MEMBERS:

Title: MGR () Delete
Name: CAMP, JENNIFER L
Address: 8412 N HABANA AVE SUITE B
City-St-Zip: TAMPA, FL 33614

Title: MGR () Delete
Name: CAMP, ROBERT
Address: 8412 N HABANA AVE SUITE B
City-St-Zip: TAMPA, FL 33614

ADDITIONS/CHANGES:

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 Section 119.07(3)(i), 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: JENNIFER CAMP

MGR

04/21/2005

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