

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000086453

FILED
Aug 31, 2005
Secretary of State

Entity Name: LOUDON COUNTY HOLDINGS, LLC

Current Principal Place of Business:

19422 38TH COURT
SUNNY ISLES, FL 33160

New Principal Place of Business:

Current Mailing Address:

19422 38TH COURT
SUNNY ISLES, FL 33160

New Mailing Address:

FEI Number: 20-3394406 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

OSIASON, LEE J
201 ALHAMBRA CIRCLE, SUITE 601
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

OSIASON, LEE J
2699 SOUTH BAYSHORE DRIVE
7TH FLOOR
MIAMI, FL 33135408 US

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: LEE J OSIASON

08/31/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BAHRAMI, MATHEW
Address: 19422 38TH COURT
City-St-Zip: SUNNY ISLES, FL 33160

Title: MGR () Delete
Name: BAHRAMI, MICHAEL M
Address: 19422 38TH COURT
City-St-Zip: SUNNY ISLES, FL 33160

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: LEE J OSIASON

ESQ.

08/31/2005

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