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Jun 06, 2005 8:00 am
Secretary of State

05-02-2005 90118 033 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000088976

1. Entity Name
UNIT HOLDINGS, LLC

30008929

Principal Place of Business	Mailing Address
1858 RINGLING BOULEVARD SARASOTA, FL 34236	1858 RINGLING BOULEVARD SARASOTA, FL 34236

02032005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
1990 Main St., Suite 801	1990 Main St., Suite 801
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sarasota, Florida	City & State: Sarasota, Florida
Zip: 34236 Country:	Zip: 34236 Country:

4. FEI Number: 65-0632112 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WAGNER, E. JOHN II 200 SOUTH ORANGE AVENUE SARASOTA, FL 34236	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE MGRM NAME March Creek Holdings, Ltd STREET ADDRESS 1990 Main Street, Suite 801 CITY-ST-ZIP Sarasota, FL 34236	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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.

SIGNATURE: [signature] Janet C Norcarz 4/27/05 941-953-7453
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #