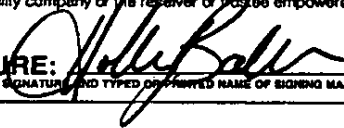


FILED
Mar 28, 2005 8:00 am
Secretary of State

02-28-2005 90047 004 ****50.00

2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000091543					
1. Entity Name HOLLY BAKER, LLC					
Principal Place of Business 3866 SUMMER GROVE WAY NORTH JACKSONVILLE, FL 32257			Mailing Address 3866 SUMMER GROVE WAY NORTH JACKSONVILLE, FL 32257		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 20-2025011			Applied For Not Applicable		
5. Certificate of Status Desired ☐			\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent BAKER, HOLLY 3866 SUMMER GROVE WAY NORTH JACKSONVILLE, FL 32257			7. Name and Address of New Registered Agent		
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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)					
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	TITLE	NAME	STREET ADDRESS CITY - ST - ZIP
☐ Delete			☐ Change ☒ Addition	MGM R BAKER, HOLLY	3866 SUMMER GROVE WAY NORTH JACKSONVILLE FL 32257
☐ Delete			☐ Change ☐ Addition		
☐ Delete			☐ Change ☐ Addition		
☐ Delete			☐ Change ☐ Addition		
☐ Delete			☐ Change ☐ Addition		
☐ Delete			☐ Change ☐ Addition		
☐ Delete			☐ 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:  HOLLY BAKER 2/24/05 (904) 463-4378					