

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000000004

FILED
Mar 31, 2008
Secretary of State

Entity Name: SOLLY BRANCH HOLDINGS, LLC

Current Principal Place of Business:

201 N. FRANKLIN STREET, SUITE 2000
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

201 N. FRANKLIN STREET, SUITE 2000
TAMPA, FL 33602

New Mailing Address:

FEI Number: 20-2337215

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOODWIN, JAMES W
201 N. FRANKLIN STREET, SUITE 2000
TAMPA, FL 33602 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/MANAGERS:

Title: MGR () Delete
Name: PORTER, JAMES D
Address: 1515 N. RIVERHILLS DRIVE
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: MGR (X) Delete
Name: PORTER, TOM M
Address: 14433 WILLOW RUN
City-St-Zip: DADE CITY, FL 33523

Title: MGR (X) Delete
Name: PORTER, WILLIAM
Address: PO BOX 40
City-St-Zip: SAN ANTONIO, FL 33576

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GRAMLING, J. MICHAEL
Address: 9205 CONNECHUSETT ROAD
City-St-Zip: TAMPA, FL 33617

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 exemption stated in Chapter 119, 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: J. MICHAEL GRAMLING

MGR

03/31/2008

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