

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000018311

Entity Name: HOLLAND'S A/C & HTG LLC

FILED
May 08, 2006
Secretary of State

Current Principal Place of Business:

8265 WAKULLA SPRINGS RD
TALLAHASSEE, FL 32305

New Principal Place of Business:

Current Mailing Address:

8265 WAKULLA SPRINGS RD
TALLAHASSEE, FL 32305

New Mailing Address:

FEI Number: 59-3201635 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:

HOLLAND, JOSEPH H
8265 WAKULLA SPRINGS RD
TALLAHASSEE, FL 32305 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: HOLLAND, INCTA
Address: 8265 WAKULLA SPRINGS RD
City-St-Zip: TALLAHASSEE, FL 32305

Title: MGR () Delete
Name: HOLLAND, JOSEPH
Address: 8265 WAKULLA SPRINGS RD
City-St-Zip: TALLAHASSEE, FL 32305

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HOLLAND, INITA
Address: 8265 WAKULLA SPRINGS RD
City-St-Zip: TALLAHASSEE, FL 32305

Title: MGR (X) Change () Addition
Name: HOLLAND, JOSEPH H
Address: 8265 WAKULLA SPRINGS RD
City-St-Zip: TALLAHASSEE, FL 32305

I hereby certify that the information supplied with this filing does not qualify for the 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: JOSEPH H. HOLLAND

OWNE

05/08/2006

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