


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90041 030 \*\*\*\*50.00

<b>DOCUMENT # L05000028580</b>					
<b>1. Entity Name</b> XO HOLDINGS, LLC					
<b>Principal Place of Business</b> 8800 UNIVERSITY PARKWAY STE C3 PENSACOLA, FL 32514			<b>Mailing Address</b> 8800 UNIVERSITY PARKWAY STE C3 PENSACOLA, FL 32514		
<b>2. Principal Place of Business - No P.O. Box #</b> 1165 W Detroit Blvd		<b>3. Mailing Address</b> 1165 W Detroit Blvd			
Suite, Apt. #, etc. R/S. FL		Suite, Apt. #, etc. R/S. FL			
City & State R/S. FL		City & State R/S. FL		<b>4. FEI Number</b> 20-2538901	
Zip 32534		Country Escambia		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  HARVEY, JASON K 8800 UNIVERSITY PARKWAY STE C3 PENSACOLA, FL 32514			<b>7. Name and Address of New Registered Agent</b> Name: Harvey, Jason K Street Address (P.O. Box Number is Not Acceptable): 1165 W Detroit Blvd City: Pensacola FL Zip Code: 32534		
<b>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.</b> SIGNATURE: <i>Jason K Harvey</i> (NOTE: Registered Agent signature required when reinstating) DATE:					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2007</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HARVEY, JASON K 8800 UNIVERSITY PARKWAY STE C3 PENSACOLA, FL 32514	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HARVEY, JASON K 8800 UNIVERSITY PARKWAY STE C3 PENSACOLA, FL 32514	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.</b>					
<b>SIGNATURE:</b> <i>Jason K Harvey</i>		4/17/07 (60) 549 3698			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #			