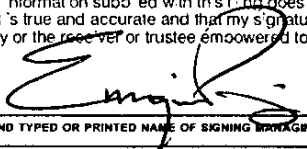


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90050 010 \*\*\*\*50.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                           |                                                                   |                                                                   |                                                                                                                                                                                                                                       |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|-------------------------------------------------------------------|-------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # L05000043492</b><br>1. Entity Name<br><b>PEREZ AND HOLDERMAN, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                           |                                                                   |                                                                   |                                                                                                                                                      |  |
| Principal Place of Business<br><b>7043 TOLEDO RD<br/>SPRINGHILL, FL 34606</b>                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                           |                                                                   | Mailing Address<br><b>7043 TOLEDO RD<br/>SPRINGHILL, FL 34606</b> |                                                                                                                                                                                                                                       |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                           |                                                                   | 3. Mailing Address<br>Suite, Apt. #, etc.                         |                                                                                                                                                                                                                                       |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                           |                                                                   | City & State                                                      |                                                                                                                                                                                                                                       |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                           | Country                                                           |                                                                   | Zip                                                                                                                                                                                                                                   |  |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                           | Country                                                           |                                                                   | 4. FEI Number<br><b>20-2782018</b>                                                                                                                                                                                                    |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                           |                                                                   |                                                                   | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                                                                |  |
| 6. Name and Address of Current Registered Agent<br><b>PEREZ, ENRIQUE<br/>7043 TOLEDO RD<br/>SPRINGHILL, FL, FL 34606</b>                                                                                                                                                                                                                                                                                                                                                                               |                                                                           |                                                                   |                                                                   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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 _____<br><small>Signature typed or printed name of registered agent and title. Last name, first, middle initial. (If not the registered agent, signature required when registering.)</small>                                                                                                                                                                                                                                                                                                 |                                                                           |                                                                   |                                                                   |                                                                                                                                                                                                                                       |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2006</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                           | <b>Make check payable to<br/>Florida Department of State</b>      |                                                                   |                                                                                                                                                                                                                                       |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                           |                                                                   | <b>10. ADDITIONS/CHANGES</b>                                      |                                                                                                                                                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>MGR<br/>PEREZ, ENRIQUE<br/>7043 TOLEDO RD<br/>SPRINGHILL, FL 34606</b> | <input type="checkbox"/> Delete                                   |                                                                   |                                                                                                                                                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Delete                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                   |                                                                                                                                                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Delete                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                   |                                                                                                                                                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Delete                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                   |                                                                                                                                                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Delete                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                   |                                                                                                                                                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Delete                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                   |                                                                                                                                                                                                                                       |  |
| 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 member or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. |                                                                           |                                                                   |                                                                   |                                                                                                                                                                                                                                       |  |
| <b>SIGNATURE:</b>                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                           | <b>Enrique Perez</b>                                              |                                                                   | <b>4-12-06 352 428 2003</b>                                                                                                                                                                                                           |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>                                                                                                                                                                                                                                                                                                                                                                                   |                                                                           |                                                                   |                                                                   |                                                                                                                                                                                                                                       |  |