

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000082247

Entity Name: M.L. HOLLE TN, LLC

FILED  
May 15, 2007  
Secretary of State

**Current Principal Place of Business:**

3206 PARKSIDE CENTER CIRCLE  
TAMPA, FL 33619

**New Principal Place of Business:**

**Current Mailing Address:**

3206 PARKSIDE CENTER CIRCLE  
TAMPA, FL 33619

**New Mailing Address:**

FEI Number:                      FEI Number Applied For (X)                      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:**

**Name and Address of New Registered Agent:**

HOLLIFIELD, WILLIAM M  
3206 PARKSIDE CENTER CIRCLE  
TAMPA, FL 33619 US

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:                      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title:                      MR.                      ( ) Change (X) Addition  
Name:                      HOLLIFIELD, WILLIAM M  
Address:                      3206 PARKSIDE CENTER CIRCLE  
City-St-Zip:                      TAMPA, FL 33619

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: WILLIAM M. HOLLIFIELD

MGR

05/15/2007

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