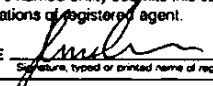
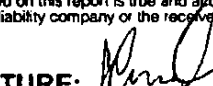


FILED  
Jun 25, 2007 8:00 am  
Secretary of State

05-16-2007 90171 004 \*\*\*\*50.00

2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                               |                                                                                                                                  |                                                                                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| DOCUMENT # L06000089768                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                               |                                                 |                                                                                                                                                           |
| 1. Entity Name<br>LINARDATOS HOLDINGS, L.L.C.                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                               |                                                                                                                                  |                                                                                                                                                           |
| Principal Place of Business<br>35510 U.S. HIGHWAY 27<br>HAINES CITY, FL 33844                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                               | Mailing Address<br>P.O. BOX 510238<br>KEY COLONY BEACH, FL 33051                                                                 |                                                                                                                                                           |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                               | 3. Mailing Address<br>P.O. Box 801<br>HAINES CITY FL                                                                             |                                                                                                                                                           |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                               | Suite, Apt. #, etc.                                                                                                              |                                                                                                                                                           |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                               | City & State                                                                                                                     |                                                                                                                                                           |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Country                                                                                                       | Zip                                                                                                                              | Country                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                               | 33845                                                                                                                            |                                                                                                                                                           |
| 4. FEI Number<br>06-1793245                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                               | Applied For<br>Not Applicable                                                                                                    |                                                                                                                                                           |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                               | \$5.00 Additional Fee Required                                                                                                   |                                                                                                                                                           |
| 6. Name and Address of Current Registered Agent<br>LINARDATOS, IOANNIS<br>3919 URBINO STREET<br>SEBRING, FL 33872                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                               | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |                                                                                                                                                           |
| 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  IOANNIS LINARDATOS                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                               | DATE 5-1-07                                                                                                                      |                                                                                                                                                           |
| Filing Fee is \$50.00<br>Due by May 1, 2007                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                               | Make check payable to:<br>Florida Department of State                                                                            |                                                                                                                                                           |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                               | 10. ADDITIONS/CHANGES                                                                                                            |                                                                                                                                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                         | MGRM<br>LINARDATOS, IOANNIS<br>3919 URBINO STREET<br>SEBRING, FL 33872 <input type="checkbox"/> Delete        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                 | MGRM<br>LINARDATOS, IOANNIS<br>35510 HWY 27<br>HAINES CITY FL 33844 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                         | MGRM<br>LINARDATOS, DIMITRIOS<br>310 3RD STREET<br>KEY COLONY BEACH, FL 33051 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                 | MGRM<br>LINARDATOS, DIMITRIOS<br>315 WEATHERBY PLACE<br>HAINES CITY FL 33844 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Delete                                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Delete                                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Delete                                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Delete                                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                 | <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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. |                                                                                                               |                                                                                                                                  |                                                                                                                                                           |
| SIGNATURE:  IOANNIS LINARDATOS                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                               | DATE 5-1-07 863421-3474                                                                                                          |                                                                                                                                                           |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                               | Date Daytime Phone #                                                                                                             |                                                                                                                                                           |