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
LINARDATOS HOLDINGS, L.L.C.

30011185

Principal Place of Business	Mailing Address
35510 U.S. HIGHWAY 27 HAINES CITY, FL 33844	P.O. BOX 510238 KEY COLONY BEACH, FL 33051

04302007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	P.O BOX 801
Suite, Apt. #, etc.	Suite, Apt. #, etc. HAINES CITY FL
City & State	City & State
Zip / Country	Zip 33845 / Country

4. FEI Number 06-1793245 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LINARDATOS, IOANNIS 3919 URBINO STREET SEBRING, FL 33872	Name Street Address (P.O. Box Number is Not Acceptable) City 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 [signature] IOANNIS LINARDATOS 5-1-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LINARDATOS, IOANNIS 3919 URBINO STREET SEBRING, FL 33872 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LINARDATOS, IOANNIS 35510 HWY 27 HAINES CITY FL 33844 ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LINARDATOS, DIMITRIOS 310 3RD STREET KEY COLONY BEACH, FL 33051 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LINARDATOS, DIMITRIOS 315 WEATHERBY PLACE HAINES CITY FL 33844 ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: [signature] IOANNIS LINARDATOS 5-1-07 863-421-3474
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #