


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 26, 2008 8:00 am
Secretary of State

02-26-2008 90036 024 ***138.75

DOCUMENT # L06000109979 1. Entity Name CAC HOLDINGS, L.L.C.					
Principal Place of Business 10706 115TH AVENUE NORTH LARGO, FL 33778			Mailing Address 10706 115TH AVENUE NORTH LARGO, FL 33778		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 11 02-0791306	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GASSMAN, ALAN S 1245 COURT STREET, STE. 102 CLEARWATER, FL 33756				7. Name and Address of New Registered Agent 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 <u><i>Kathleen Hollstrom</i></u> DATE <u>2/18/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES HOLLSTROM, KATHLEEN S 11444 SEMINOLE BLVD LARGO, FL 33778	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DUNN, JOSEPH 390 NINTH AVE NORTH JACKSONVILLE BEACH, FL 32250	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA HARDING, RANDOLPH C 2326 US HWY 19 N HOLIDAY, FL 34691	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC JONES, RODERICK C 5500 NINTH STREET NORTH ST. PETERSBURG, FL 33703	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR HOLLSTROM, GREGORY V 11444 SEMINOLE BLVD LARGO, FL 33778	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR JONES, DENNIS L 5500 NINTH STREET NORTH ST. PETERSBURG, FL 33703	<input type="checkbox"/> Delete			
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: <u><i>Kathleen Hollstrom</i></u>				Date <u>2/18/08</u> Daytime Phone # <u>727 510-5044</u>	