

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 21, 2008 8:00 am
Secretary of State

04-24-2008 90090 027 ***138.75

DOCUMENT # L06000122084

1. Entity Name
THE DEKINS HOLDING COMPANY, LLC



Principal Place of Business
**1361 13TH AVENUE, S., STE 235
 JACKSONVILLE BEACH, FL 32250**

Mailing Address
**1361 13TH AVENUE, S., STE 235
 JACKSONVILLE BEACH, FL 32250**

30006874



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

02132008 Chg-LLC CR2E083 (12/06)

City & State
 Zip Country

4. FEI Number
20-8520488

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**COLEMAN, C RANDOLPH
 9250 BAYMEADOWS ROAD, STE 450
 JACKSONVILLE, FL 32256**

7. Name and Address of New Registered Agent
 Name **DANIEL R. DEKAY**
 Street Address (P.O. Box Number is Not Acceptable)
1361 13th Avenue S, Ste 235
 City **Jacksonville Beach** FL Zip Code **32250**

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]* **DANIEL R. DEKAY** DATE _____

Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when re-registering)

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	MGRM DEKAY, DANIEL R 1361 13TH AVENUE, S., STE 235 JACKSONVILLE BEACH, FL 32250 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JONES, GRACE R 1361 13th Avenue S, Ste 235 JACKSONVILLE BEACH FL 32250 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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: *[Signature]* **DAN DEKAY** 4/22/08 904-241-5553

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #