## 2005 LIMITED LIABILITY COMPANY

**FILED** May 03, 2005 08:00 AN Secretary of State

ANNUAL REPORT		
DOCUMENT # L96000000  1. Entity Name ADIRONDACK HOLDING CO. L.C.	947	
Principal Place of Business	Mailing Address	
9901 ALAMBRA AVENUE TAMPA, FL 33619	9901 Alambra avenue Tampa, Fl 33619	

## 04262005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FE! Number 59-3385876 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HORNER, DENNIS DO NOT WRITE 9901 ALAMBRA AVENUE TAMPA, FL 33619 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstaling) Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE TAUBE, FRED NAME 9901 ALAMBRA AVENUE STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33619 J00000358901 54705-80133-007 SO.00 TITLE HORNER, DENNIS 9901 ALAMBRA AVENUE STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33619 TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(I), Florida Statutes. I turther 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER. OR AUTHORIZED REPRESENTATIVE

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