


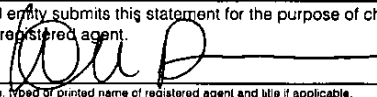
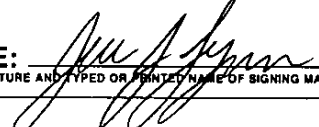


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L97000000304</b> 1. Entity Name <b>CIRCLE L HOLDINGS, L.C.</b>				<b>FILED</b> <b>05 MAY -2 PM 3:54</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business <b>2801 FRUITVILLE RD 7645 Tralee Way</b> <b>SUITE 100</b> <b>SARASOTA, FL 34237 Bradenton, FL 34202</b>		Mailing Address <b>2801 FRUITVILLE RD</b> <b>SUITE 100</b> <b>SARASOTA, FL 34237</b>			
2. Principal Place of Business <b>7645 TRALEE WAY</b>		3. Mailing Address <b>P.O. BOX 623</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>BRADENTON FL</b>		City & State <b>TALLEHAST FL</b>		4. FEI Number <b>65-0736716</b>	
Zip <b>34202</b>		Zip <b>34270</b>		Applied For Not Applicable	
Country <b>USA</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>HRIC, MICHAEL</b> <b>2801 FRUITVILLE RD</b> <b>SUITE 100</b> <b>SARASOTA, FL 34237</b>				7. Name and Address of New Registered Agent Name <b>LORI M. DORMAN, ESQ.</b> Street Address (P.O. Box Number is Not Acceptable) <b>601 12th STREET WEST</b> City <b>BRADENTON</b> <b>FL</b> Zip Code <b>34205</b>	
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  DATE <b>04.22.2005</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2005</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LYNN, JESSE J 7645 TRALEE WAY BRADENTON, FL 34202	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>200054223222</b> <b>05/10/05--01070--005 **858.75</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LYNN, LARA A 7645 TRALEE WAY BRADENTON, FL 34202	<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
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
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 exemption stated in Section 119.07(3)(i), 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: 				4-22-05 941-907-7240	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Date Daytime Phone #</small>	