

File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 MAY 29 AM 10:51

**FILING FEE** Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee  
**\$ 188.75** Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address  
of Limited Liability Company

**DOCUMENT #** L97000000898

TRANSPACIFIC HOLDINGS COMPANY, L.C.

1a. Principal Place of Business Address

2. Principal Place of Business

10033 Sawgrass Drive West

Suite, Apt. #, etc.

Suite 208

City & State

Ponte Vedra Beach, Florida

Zip

32082

2a. Mailing Address

PO Box 1996

Suite, Apt. #, etc.

City & State

Ponte Vedra Beach, Florida

Zip

32004

3. Date Organized or Qualified

8/15/97

3a. State of Formation

Florida

4. FEI Number

59-3463025

☐ Applied For

☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

David B. Hueber

10033 Sawgrass Drive West

Suite 208

Ponte Vedra Beach, Florida 32082

8. Name and Address of New Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

DATE

Registered Agent Accepting Appointment (NOTE: Registered Agent signature required when consenting)

10. Title

Managing Members/Managers

Business Street Address

City, State and Zip Code

MGRM

Hueber, David B.

10033 Sawgrass Dr. W, Ste 208

Ponte Vedra Bch, FL 32082

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11 I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address

SIGNATURE:

*David B. Hueber*

Signature and Title of Registered Agent or Signature of Managing Member or Manager

Date

Daytime Phone #