

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 05, 2005 08:00 AM
Secretary of State

DOCUMENT # L99000007012

1. Entity Name

J. D. MULHOLLAND, L.L.C.



Principal Place of Business

1115 SW 81ST DRIVE
GAINESVILLE, FL 32607

Mailing Address

1115 SW 81ST DRIVE
GAINESVILLE, FL 32607

DO NOT WRITE IN THIS SPACE



01042005No Chg-LLC

CR2E083 (10/03)

4. FEI Number

59-3605591

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

MULHOLLAND, J.D.
1115 SW 81ST DRIVE
GAINESVILLE, FL 32607

**DO NOT WRITE
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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	MULHOLLAND, J. D.
STREET ADDRESS	1115 SW 81ST DRIVE
CITY - ST - ZIP	GAINESVILLE, FL 32607
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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01/06/05-80002-004 50.00

**DO NOT WRITE
IN THIS SPACE**

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:

James Mulholland
JAMES MULHOLLAND

Date

Daytime Phone #

1/04/05 352-332-5546