

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 28, 2005 08:00 AM
Secretary of State

DOCUMENT # M00000002465 1. Entity Name HOLDER CONSTRUCTION GROUP, LLC					
Principal Place of Business 3333 RIVERWOOD PKWY., STE. 400 ATLANTA GA 30339			Mailing Address 3333 RIVERWOOD PKWY., STE. 400 ATLANTA GA 30339		
2. Principal Place of Business Suite, Apt #, etc.			3. Mailing Address Suite, Apt #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Zip		Country	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number Is Not Acceptable) City FL Zip Code	
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)					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005					
9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES					
TITLE	CEOC	☐ Delete	TITLE		
NAME	HOLDER, THOMAS		NAME		
STREET ADDRESS	3333 RIVERWOOD PKWY., STE. 400		STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA 30339		CITY-ST-ZIP		
TITLE	PCOO	☐ Delete	TITLE		
NAME	MILLER, DAVID		NAME		
STREET ADDRESS	3333 RIVERWOOD PKWY., STE. 400		STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA 30339		CITY-ST-ZIP		
TITLE	VC	☐ Delete	TITLE		
NAME	KENIG, MICHAEL		NAME		
STREET ADDRESS	3333 RIVERWOOD PKWY., STE. 400		STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA 30339		CITY-ST-ZIP		
TITLE	EV	☐ Delete	TITLE		
NAME	O'HAREN, DAVID		NAME		
STREET ADDRESS	3333 RIVERWOOD PKWY., STE. 400		STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA 30339		CITY-ST-ZIP		
TITLE	EV	☐ Delete	TITLE		
NAME	JOHNSTON, LEE		NAME		
STREET ADDRESS	3333 RIVERWOOD PKWY., STE. 400		STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA 30339		CITY-ST-ZIP		
TITLE	V	☐ Delete	TITLE		
NAME	PENDREY, JR., J. C.		NAME		
STREET ADDRESS	3333 RIVERWOOD PKWY, STE 400		STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA 30339		CITY-ST-ZIP		



1st MOORE

CR2E083 (10/04)

4. FEI Number **58-2535136**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of New Registered Agent

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	CEOC	☐ Delete
NAME	HOLDER, THOMAS	
STREET ADDRESS	3333 RIVERWOOD PKWY., STE. 400	
CITY-ST-ZIP	ATLANTA GA 30339	
TITLE	PCOO	☐ Delete
NAME	MILLER, DAVID	
STREET ADDRESS	3333 RIVERWOOD PKWY., STE. 400	
CITY-ST-ZIP	ATLANTA GA 30339	
TITLE	VC	☐ Delete
NAME	KENIG, MICHAEL	
STREET ADDRESS	3333 RIVERWOOD PKWY., STE. 400	
CITY-ST-ZIP	ATLANTA GA 30339	
TITLE	EV	☐ Delete
NAME	O'HAREN, DAVID	
STREET ADDRESS	3333 RIVERWOOD PKWY., STE. 400	
CITY-ST-ZIP	ATLANTA GA 30339	
TITLE	EV	☐ Delete
NAME	JOHNSTON, LEE	
STREET ADDRESS	3333 RIVERWOOD PKWY., STE. 400	
CITY-ST-ZIP	ATLANTA GA 30339	
TITLE	V	☐ Delete
NAME	PENDREY, JR., J. C.	
STREET ADDRESS	3333 RIVERWOOD PKWY, STE 400	
CITY-ST-ZIP	ATLANTA GA 30339	

TITLE		☐ Change	☐ Add
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Add
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Add
NAME			
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TITLE		☐ Change	☐ Add
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Add
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 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

John Thomas

2-16-05

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