2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L02000010272

1. Entity Name HOLIDAY 26 LLC



Principal Place of Business

Business

4805 26TH STREET WEST BRADENTON, FL 34207

Mailing Address

4805 26TH STREET WEST BRADENTON, FL 34207

FILED Apr 11, 2008 08:00 Al Secretary of State



01182008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 75-3057658 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FELDMAN, MARC H 3908 26TH STREET WEST BRADENTON, FL 34205

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| The above named entity submits this statement for the purpose of char the obligations of registered agent. | nging its registered office or registered agent, or both, i | in the State of Florida. I am familiar with, and accept |
|--|--|---|
| 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 \$138.75 After May 1, 2008 Fee will be \$538.75

04/23/08-80082-009 138.75

| 9. | MANAGING MEMBERS/MANAGERS | |
|---|---|---------------|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR TRIGUEIRO, CRAIG A 4805 26TH STREET WEST BRADENTON, FL 34207 | |
| NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | DO NOT WRITE |
| NAME STREET ADDRESS CITY-SI-ZIP | | IN THIS SPACE |
| NAME STREET ADDRESS CITY-ST-ZIP | | |
| NAME STREET ADDRESS CITY-ST-ZIP | | |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

D TYPED OR PRINTED NAME OF

INTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/3/08

Craig A. Trigueiro, MD.

4805 26th St W Bradenton, FL 34207

941-753-7843