

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000030893

**FILED**  
**Apr 28, 2004**  
**Secretary of State**

**Entity Name:** HOLLY REAL ESTATE MANAGEMENT, LLC

**Current Principal Place of Business:**

724 ALHAMBRA CIR  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

1395 BRICKELL AVENUE  
SUITE 900  
MIAMI, FL 33131

**Current Mailing Address:**

724 ALHAMBRA CIR  
SUITE 450  
CORAL GABLES, FL 33134

**New Mailing Address:**

1395 BRICKELL AVENUE  
SUITE 900  
MIAMI, FL 33131

FEI Number: 54-2084680

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

AMERICAN INFORMATION SERVICES, INC.  
ONE SOUTHEAST 3RD AVE  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

DEVITT, KIM S  
1395 BRICKELL AVENUE  
SUITE 900  
MIAMI, FL 33131 US

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.

SIGNATURE: KIM S. DEVITT

04/28/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: HOLLY, WILLIAM  
Address: 724 ALHAMBRA CIRCLE  
City-St-Zip: CORAL GABLES, FL 33134

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: HOLLY, WILLIAM  
Address: 1395 BRICKELL AVENUE, SUITE 900  
City-St-Zip: MIAMI, FL 33131

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: WILLIAM HOLLY

MGRM

04/28/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date