

2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90577 008 ****50.00

DOCUMENT # L02000030893
1. Entity Name
HOLLY REAL ESTATE MANAGEMENT, LLC

DO NOT WRITE IN THIS SPACE

30066693

2. Principal Place of Business
724 ALHAMBRA CIRCLE
Suite, Apt. #, etc.

3. Mailing Address
724 ALHAMBRA CIRCLE
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
CORAL GABLES, FL

City & State
CORAL GABLES, FL

4. FEI Number
54-2084680

Applied For
Not Applicable

Zip
33134

Country
U.S.A.

Zip
33134

Country
U.S.A.

5. Certificate of Status Desired \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
AMERICAN INFORMATION SERVICES, INC.

Street Address (P.O. Box Number is Not Acceptable)
ONE SOUTHEAST 3RD AVENUE

28TH FLOOR

City
MIAMI

FL

Zip Code
33131

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.

DATE

FEE IS \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEMBER HOLLY, WILLIAM 724 ALHAMBRA CIRCLE CORAL GABLES, FL 33134	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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CR2E083B (12/02)

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: William H. Holly 305-777-0300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

[Signature]
Date Daytime Phone #