


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2008 08
Secretary of State

DOCUMENT # L05000064702 1. Entity Name HOLY LAND INVESTMENTS, LLC	
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Principal Place of Business 500 SOUTH POINTE DRIVE SUITE 230 MIAMI BEACH, FL 33139	Mailing Address 500 SOUTH POINTE DRIVE SUITE 230 MIAMI BEACH, FL 33139
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02202008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 JARRIN CEVALLOS, OLGA PATRICIA
 500 SOUTH POINTE DRIVE
 SUITE 230
 MIAMI BEACH, FL 33139

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

000000858013
 04/01/08-80028-006 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JARRIN CEVALLOS, OLGA PATRICIA 500 SOUTH POINTE DRIVE, SUITE 230 MIAMI BEACH, FL 33139
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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: *Patricia Farin* Date: *March 10 / 2008*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #