

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED
Apr 30, 2007
Secretary of State**

DOCUMENT# L06000012113

Entity Name: THE HOLLY COVE LANDS, LLC

Current Principal Place of Business:

3956 TOWNCENTER BLVD.
PMB 120
ORLANDO, FL 32837

New Principal Place of Business:

Current Mailing Address:

3956 TOWNCENTER BLVD.
PMB 120
ORLANDO, FL 32837

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARBER, RICHARD A
3956 TOWNCENTER BLVD.
PMB 120
ORLANDO, FL 32837 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MASTER DEVELOPMENT,, LLC
Address: 3956 TOWNCENTER BLVD., PMB 120
City-St-Zip: ORLANDO, FL 32837

Title: MGRM () Delete
Name: C&G HOLDINGS, LLC,
Address: 4965 US HWY 42, STE. 2800
City-St-Zip: LOUISVILLE, KY 40222

Title: MGRM () Delete
Name: LOUISVILLE D-K REAL, ESTATE, INC.
Address: 2400 LIME KILN LANE, STE. F
City-St-Zip: LOUISVILLE, KY 40222

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: HARRY E. HARP

CPA

04/30/2007

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