

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 24, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000030103

1. Entity Name
418 HOLIDAY DRIVE LLC



Principal Place of Business
19355 NE 36TH COURT
T-C
AVENTURA, FL 33180 US

Mailing Address
19355 NE 36TH COURT
T-C
AVENTURA, FL 33180 US



01072005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 37-1473334	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

MUSSMAN, JAY D
1675 NORTH COMMERCE PARKWAY
WESTON, FL 33326

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

U00000241792
02/24/05-80058-003 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BESSO, MICHEL
STREET ADDRESS	19355 NE 36TH COURT #T-C
CITY - ST - ZIP	AVENTURA, FL 33180

TITLE	MGRM
NAME	HAIM, DAVID
STREET ADDRESS	412 POINCIANA DRIVE
CITY - ST - ZIP	HALLANDALE, FL 33009

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #