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Suit 33/13	
Principal Place N 11350 66TH ST N 11350 75TH ST N	10142008 Chg-in
11350 66TH ST N SUITE 124 SUITE 0 EL 33773	Ndd - Add
SUITE 124 LARGO, FL 33773 2. Principal Place of Business - No P.O. Box # Suita, Apt. #, etc.	4. TO 130400
Tolace of Bushive	5. Certificate of Status Desired 5. Certificate of New Registered Agent 7. Name and Address of New Registered Agent
2. Principal City & State	County Linns and Adding
Suite, Apr. #, etc.	Name Name Street Address (P.O. Box Number is Not Acceptable) FL Zip
	Name O Rox Number is Not Accord
1879013	Street Address (P.U. 22p
8. Name and Address of Current TWO. 8. Name and Address of Current TWO. HOLIDAY ISLES PROPERTY MANAGEMENT, INC. 11350 66TH ST N	lam familie
8. Name	in the State of Florida.
TUDAY ISLES PROPER	City organic agent, or both, in the
HOLIDAY ISLES 11350 66TH ST N 11350 124	oristered office or register
SUITE 124 LARGO, FL 33773	hanging its regul
LARGO,	Make check the negation Make check the negation of the negatio
named entity submits the	NOTE Registered Agent signature
The above named entity submits true T	City City City The State of Florida. am familia City The State of Florida. am familia City DATE The State of Florida. am familia DATE
There of recognition	a Flection - contribution.
SIGNATURE SIgnature, typed or private to	Trust Fund Co. 11. 11. 11. 11. 11. 11. 11. 11
	TIME ULIVACO
Filing Fae is \$61, 2008 Due by May 1, 2008 OFFICERS AND DIRECTORS	Delete NAME. STREET ADDRESS
	CITY-ST-XIP
10. PD IITLE BATER, MICHAEL	TITLE
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NAME STREET ADDRESS 1433 SOUTH BALCHET 1433 SOUTH BALCHET CLEARWATER, FL 33764 CLEARWATER, FL 33764	N. N. 184
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NAME STREET ADDRESS	od with this film and accurate this report as the true and accurate this report as the true and accurate this report as
GIY-ST-ZP	e empowers all other like en like
12. I hereby certain or the received than act indicated on this report	OFFICER OF DIRECTOR
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP I hereby certify that the information supplied with this filing does not qualify for the examptions content has me legal effort is true and accurate and that my signature shall have 617. Florids Stated in the report of supplemental report is true and accurate and that my signature shall have 617. Florids Stated in the report of supplemental report is true and accurate and true report as required by Chapter 617. Florids Stated in the corporation of the receiver of the receiver of the same legal efforts and accurate and true report as required by Chapter 617. Florids Stated in the corporation of the receiver of the same legal efforts and accurate and true report as required by Chapter 617. Florids Stated in the corporation of the receiver of the same legal efforts and the same legal efforts. STREET ADDRESS CITY-ST-ZIP	
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