FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 DEC 17 PM 1:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

HOLIDAY, LTD.

1a. DOCUMENT # A12655

Mailing Address	Principal Office Address
P.O. BOX ~~3956~~ LAKELAND F ~~33813~~ US	5015 SOUTH FLORIDA AVE. ~~SUITE 200~~ LAKELAND FL 33813

2. Mailing Address: P.O. BOX 2294
Suite, Apt. #, etc.
City & State: LAKELAND, FL
Zip: 33806 Country: USA

2a. Principal Office Address
Suite, Apt. #, etc.: SUITE 409
City & State
Zip Country

3. Date Formed or Registered: 06/11/1982

3a. Date of Last Report: 11/24/1997

4. State or Country of Formation: FL

5a. Capital Contributions as Shown on record.
~~$10,000.00~~
$270,000

5b. Amount of Capital Contributions in FLORIDA to date: ~~****535.00~~
$270,000

6. FEI Number: 59-2198620
☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired ☒ $8.75 Additional Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

FF $526.25
CC'S 8.75

9. Name and Address of Current Registered Agent

MCFARLANE, PETER A. ESQ
5015 SOUTH FLORIDA AVE.
SUITE 215
LAKELAND FL 33813

10. If changed, new Registered Agent/Office

Name: ROBERT L. MADDEN
Street Address (P.O. Box Number is Not Acceptable): 5015 S. FLORIDA AVE
Suite, Apt. #, etc.: 409
City: LAKELAND, FL FL Zip Code: 33813

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

300002705023--3
-12/07/98--01144--006
****535.00

SIGNATURE (Registered Agent Accepting Appointment) Robert L. Madden DATE 12/14/98

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
MAXDEN, INC.	5015 SOUTH FLORIDA AV SUITE 409	LAKELAND FL 33813	V45706 ✓

CR2E003 (8/98)

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE MADDEN, INC., by: Robert L. Madden, Pres. DATE 11/30/98

Typed or Printed Name of General Partner Signing Form MADDEN, INC., by ROBERT L. MADDEN Daytime Telephone Number 941-648-1001