2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004

DOCUMENT # A12655

1. Entity Name
HOLIDAY, LTD.

FILED
2004 FEB 20 PM 3:38
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

MOORE CR2E003 (11/03)

Principal Place of Business	Mailing Address
5015 SOUTH FLORIDA AVE. SUITE 409 LAKELAND FL 33813	P.O. BOX 2294 LAKELAND F 33806 US

2. Principal Place of Business		3. Mailing Address	
6810 NEW TAMPA HWY			
Suite, Apt. #, etc.: SUITE 100		Suite, Apt. #, etc.	
City & State: LAKELAND, FL		City & State	
Zip: 33815	Country: USA	Zip	Country

4. FEI Number 59-2198620 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MADDEN, ROBERT L 5015 SOUTH FLORIDA AVE. SUITE 409 LAKELAND FL 33813	Name: SAME NAME Street Address (P.O. Box Number is Not Acceptable): 6810 NEW TAMPA HWY SUITE 100 City: LAKELAND FL Zip: 33815

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: Robert L. Madden, ROBERT L. MADDEN 2/14/04
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record.	$270,000.00	10. Amount of Capital Contributions in FLORIDA to date.		11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12.	GENERAL PARTNER INFORMATION	13.	ADDRESS CHANGES ONLY
DOCUMENT #	V45706	STREET ADDRESS	6810 NEW TAMPA HWY, STE 100
NAME	MAXDEN, INC.		
STREET ADDRESS	5015 SOUTH FLORIDA AVE. STE. 409	CITY-ST-ZIP	LAKELAND, FL 33815
CITY-ST-ZIP	LAKELAND FL 33813		
DOCUMENT #		STREET ADDRESS	
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CITY-ST-ZIP			

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: Robert L. Madden, ROBERT L. MADDEN, 2/14/04 (863) 802-1004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #