

**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

05 JAN 13 AM 9:57

<b>DOCUMENT # A12655</b> 1. Entity Name HOLIDAY, LTD.					
Principal Place of Business 6810 NEW TAMPA HWY SUITE 100 LAKELAND, FL 33815			Mailing Address 6810 NEW TAMPA HWY SUITE 100 LAKELAND, FL 33815		
2. Principal Place of Business		3. Mailing Address <b>P.O. Box 2294</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>LAKELAND, FL</b>			
Zip	Country	Zip <b>33806</b>	Country <b>USA</b>		
4. FEI Number 01102005 Chg-LP CR2E003 (10/03) 59-2198620				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent  MADDEN, ROBERT L 6810 NEW TAMPA HWY SUITE 100 LAKELAND, FL 33815			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. <b>\$270,000.00</b>		10. Amount of Capital Contributions in FLORIDA to date.			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	V45706		STREET ADDRESS		
NAME	MAXDEN, INC.		CITY-ST-ZIP		
STREET ADDRESS	5015 SOUTH FLORIDA AVE. STE. 409				
CITY-ST-ZIP	LAKELAND, FL 33813				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
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: <b>Robert L. Madden, Pres of GP.</b>			<b>ROBERT L. MADDEN</b> 1/10/05 <b>802-1004</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date Daytime Phone #</small>		

STAPLE CHECK HERE