


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 APR 24 AM 8:55

DOCUMENT # A12655 1. Entity Name HOLIDAY, LTD.					
Principal Place of Business 6810 NEW TAMPA HWY SUITE 100 LAKE LAND, FL 33815				Mailing Address P O BOX 2294 LAKE LAND, FL 33806	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2198620	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MADDEN, ROBERT L				Name	
6810 NEW TAMPA HWY				Street Address (P.O. Box Number is Not Acceptable)	
SUITE 100					
LAKE LAND, FL 33815				City	
				FL 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>					
FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00					
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, SUITE 100	
NAME	MAXDEN, INC.		CITY - ST - ZIP	LAKE LAND, FL 33815	
STREET ADDRESS	5045 SOUTH FLORIDA AVE. STE. 400				
CITY - ST - ZIP	LAKE LAND, FL 33815				
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STREET ADDRESS					
CITY - ST - ZIP					
14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Robert L. Madden, Pres of G.P. 4-20-06 (863) 802-1004</u> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					
_____ <small>Date</small>					
_____ <small>Daytime Phone #</small>					

STAPLE CHECK HERE