2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B99000000054

1. Entity Name

HOLIDAY VILLAGE, L.P.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN 28 PM 1:29

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1013 CENTRE ROAD WILMINGTON DE 19805	4340 EAST-WEST HIGHWAY, SUITE 206 BETHESDA MD 20814-4411

2. Principal Place of Business	3. Mailing Address
4340 East West Hwy	
Suite, Apt. #, etc.: Suite 206	Suite, Apt. #, etc.
City & State: Bethesda, MD	City & State
Zip: 20814 / Country:	Zip: / Country:

4. FEI Number 52-2135123 ☐ 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
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	Name: ~~Diversified Investments~~ Street Address (P.O. Box Number is Not Acceptable): 28488 U.S. Highway 19 North City: Clearwater, FL Zip Code: 33761

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.

SIGNATURE [signature] Gayle Benson, Member 6/19/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. $2,350,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO 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 # / NAME / STREET ADDRESS / CITY-ST-ZIP	F99000000588 DIVERSIFIED INVESTMENTS-HV, INC. 4340 EAST-WEST HIGHWAY, SUITE 206 BETHESDA MD 20814	STREET ADDRESS / CITY-ST-ZIP	000003313890--0 -07/05/00--01113--011 ****526.25 ****526.25
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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: SIGNATURE REQUIRED [signature] Gayle Benson 4/27/00 (916) 727-0017
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #