

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000000127

FILED  
May 02, 2004  
Secretary of State

Entity Name: JAMES W. HOLLIDAY, II, P.L.

**Current Principal Place of Business:**

5412 BREATHLESS LANE  
LUTZ, FL 33558

**New Principal Place of Business:**

**Current Mailing Address:**

5412 BREATHLESS LANE  
LUTZ, FL 33558

**New Mailing Address:**

FEI Number: 59-3689594

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HINES, JAMES P  
315 SOUTH HYDE PARK AVENUE  
TAMPA, FL 33606 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: HOLLIDAY, JAMES W ESQUIRE  
Address: 5412 BREATHLESS LANE  
City-St-Zip: LUTZ, FL 33558

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JAMES WAYNE HOLLIDAY

ESQ.

05/02/2004

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date