,2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000016849

1. Entity Name

HOLLY HILL HOMES INVESTMENTS, LLC



FILED Apr 14, 2004 08:00 AM Secretary of State

Principal Place of Business

2801 S.W. 3RD AVE., BAY F7 FORT LAUDERDALE, FL 33315

Mailing Address

2801 S.W. 3RD AVE., BAY F7 FORT LAUDERDALE, FL 33315



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1152797 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WITT, JAMES R 2801 S.W. 3RD AVE., BAY F7 FORT LAUDERDALE, FL 33315

DO NOT WRITE IN THIS SPACE

The above named entity submits this statem the obligations of registered agent.	ent for the purpose of changing	g its registered office or registered agent,	or both, in the State of Florida.	I am familiar with, and accept
SIGNATURE				·
Signature, typed or printed name of registered	agent and title if applicable	(NOTE, Registered Agent signature required when reinstati	ing)	DATE

Filing Fee is \$50.00 Due by May 1, 2004

U00000112980 04/14/04-80045-001 55.00

y.	MANAGING MEMBERS/MANAGERS		
TITLE	MGRM		
NAME	WITT, JAMES R		
STREET ADDRESS	2801 S.W. 3RD AVE., BAY F7		
CTTY-ST-ZIP	FORT LAUDERDALE, FL 33315		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CHY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP	_		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
rm.e			
NAME :			
STREET ADDRESS			
CITY-ST-ZIP			
11 I hereby certify that the information supplied with this filling close not qualify for the ave			

DO NOT WRITE IN THIS SPACE

11. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/7/4 954-764-1260