## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L01000016849

1. Entity Name

HOLLY HILL HOMES INVESTMENTS, LLC



## **FILED** Jan 15, 2003 8:00 am Secretary of State

01-15-2003 90052 007 \*\*\*\*55.00

			1	7
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		20007444
2. Principal I	Place of Business	3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
•		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES
City & State		City & State		4. FEI Number 65-1152797 Applied For Not Applied For
Zip	Country	Zip	Country	5. Certificate of Status Desired \$5.00 Additional Fee Required
	6. Name and Address of Curre	nt Registered Agent		7. Name and Address of New Registered Agent
WITT, JAMES R			Name	
2801 S.W. 3RD AVE., BAY F7 FORT LAUDERDALE FL 33315			Street Addres	ss (P.O. Box Number is Not Acceptable)
			· City	Zip Code
8. The above the obligat	named entity submits this statement ions of registered agent.	for the purpose of changing its	s registered office or regis	stered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE .	Signature, typed or printed name of registered age	nt and title if applicable. (NOT	E: Registered Agent signature requi	aired when reinstating) OATE
_		FILE N	OW!!! FEE IS \$50.00	0
			le to Florida Departm	nent of State
			e By May 1, 2003	
9.	MANAGING MEME		10.	ADDITIONS/CHANGES
TITLE NAME	WITT, JAMES R	☐ Delete	TITLE	☐ Change ☐ Addition
STREET ADDRESS	2801 S.W. 3RD AVE., BAY F7	,	NAME STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33315		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME OTREET ADDRESS			NAME	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	
TITLE	The state of the s	—————————————————————————————————————		the Company of the second seco
NAME		☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE	*	☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS	
<del></del>		<del></del>	CITY-ST-ZIP	
TITLE NAME		☐ Delete	TITLE	☐ Change ☐ Addition
STREET ADDRESS		·	NAME STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	Change Addition
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP		<u> </u>	CITY-ST-ZIP	
11. I hereby ce	rtify that the information supplied with	this filing does not qualify for	the exemption stated in C	A-45- 445-07(0)(2) 51 11 01 11 01

11 related 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 mysignature 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.

REDDOMESIR WIH, MAR-DID9103 SIGNATURE:

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