## LIMITED LIABILITY COMPANY

Apr 28, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # 402 000016891. 04-28-2003 90998 015 \*\*\*\*50.00 Holden village LLC. JUU04/40 DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 3035 66 Ave Suite Apt. # etc. 5840 Suite, Apt. # , Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For ST. Refers burg 030472269 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired 702 33496 7. Name and Address of Current Registered Agent Michael nothieb DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 5840 NW 422 ferne City BOCA RATON, FL. 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. FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1 MANAGING MEMBERS/MANAGERS TITLE President: TITLE

NAME Michael Gottleb. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-7IP CITY-ST-ZIP IN THIS SPACE TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 regeiver/or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

TITLE NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

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