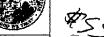
2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000019168

1. Entity Name HOLIDAY DRIVE ACQUISITION, LLC



FILED Feb 01, 2006 08:00 AN **Secretary of State**



Principal Place of Business 10560 SW 160TH CT MIAMI, FL 33196

Mailing Address 10560 SW 160TH CT MIAMI, FL 33196

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

01242006 No Chg-LLC

CR2E083 (11/05)

5	Certificate of Status Desired	À	\$5.00	0 Additional		
	20-0000769			Not Applicable		
4.	FEI Number			Applied For		

LUCES, RAFAEL 10560 SW 160TH COURT MIAMI, FL 33196

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of char ions of registered agent.	nging its registered	d office or registered ag	gent, or both	n, in the State of Florida	. I am familiar w	ith, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable	(NOTE, Registered Agent signature required when relinstating)				DATE		
	iling Fee is \$50.00 ue by May 1, 2006	-		_				
9.	MANAGING MEMBERS/MANAGERS							
TITLE NAME STREET ADDRESS CHY-ST-ZIP	MGR LUCES, RAFAEL 10560 SW 160TH COURT MIAMI, FL 33196			· · · · · · · · · · · · · · · · · · ·	U000004: 02/11/06-8	14161	 July July	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				LOZE T	02/11/06-8	JU24-U14	55.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT WR	ITE		
TITLE				IN T	THIS SPA	CE		
NAME STREET ADDRESS CITY-ST-ZIP			14 11 <u>11</u> 1	=				
TITLE NAME STREET ADDRESS CITY-ST-ZIP						_		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					2 2 2			
11. I hereby indicated limited lia	certify that the information supplied with this filling does not on this report is true and faccurate and that my signature s billity company or the receiver or trustee empowered to exe	qualify for the exe shall have the sam scute this report a	emptions contained in the legal effect as if made is required by Chapter	Chapter 119 de under oa 608, Florida), Florida Statutes, I fur th; that I am a managi Statutes.	ther certify that t ng member or n	he information nanager of the	

G MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE