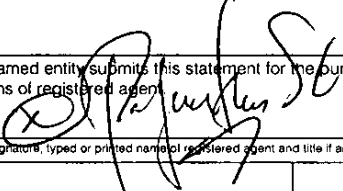
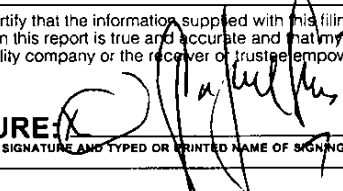


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90037 028 ****55.00

DOCUMENT # L02000019168 1. Entity Name HOLIDAY DRIVE ACQUISITION, LLC			
Principal Place of Business 10560 SW 160TH CT MIAMI, FL 33196		Mailing Address 10560 SW 160TH CT MIAMI, FL 33196	
2. Principal Place of Business - No P.O. Box # 335 So Biscayne Blvd		3. Mailing Address 335 So Biscayne Blvd	
Suite, Apt., etc. Suite # 2906		Suite, Apt., etc. Suite # 2906	
City & State Miami FL		City & State Miami FL	
Zip 33131		Zip 33131	
Country USA		Country USA	
4. FEI Number 20-0000769		Applied For ☐ Not Applicable	
5. Certificate of Status Desired		☒ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LUCES, RAFAEL 10560 SW 160TH COURT MIAMI, FL 33196		7. Name and Address of New Registered Agent Name: LUCES, RAFAEL Street Address (P.O. Box Number is Not Acceptable): 335 So Biscayne Blvd Suite # 2906 City: Miami FL Zip Code: 33131	
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.			
SIGNATURE: 		DATE: 1-31-07	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LUCES, RAFAEL 10560 SW 160TH COURT MIAMI, FL 33196	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LUCES, RAFAEL 335 So Biscayne Blvd # 2906, Miami, FL 33131
☐ Delete		☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
☐ Delete		☐ Change ☐ Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		Date: 1-31-07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	