FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 90694 035 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

30068516

DOCUMENT # L02000019168

1. Entity Name
HOLIDAY DRIVE ACQUISITION, LLC

Principal Place of Business	Mailing Address
287 ATLANTIC AVE. SUNNY ISLES BEACH, FL 33160	287 ATLANTIC AVE. SUNNY ISLES BEACH, FL 33160

X CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
10560 SW 160TH COURT Suite, Apt. #, etc.	10560 SW 160TH COURT Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33196 Country: USA MIAMI-DADE	Zip: 33196 Country: USA MIAMI-DADE

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	7. Name and Address of New Registered Agent
LUCES, RAFAEL 10560 SW 160TH COURT MIAMI, FL 33196	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Must Be Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR LUCES, RAFAEL 10560 SW 160TH COURT MIAMI, FL 33196	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR LEFKOWITZ, ERIC 287 ATLANTIC AVE. SUNNY ISLES BEACH, FL 33160	X Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR BESCHEL, BARRY 2440 NE MIAMI GARDENS DRIVE SUITE 103 AVENTURA, FL 33180	X Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (10/02)

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: Eduardo J Cano EDUARDO J. CANO POA 4/30/03 (305)383-3539
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #