

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000030653

1. Entity Name  
HOLYOKE HOLDINGS, LLC



**FILED**  
**Feb 16, 2005 8:00 am**  
**Secretary of State**

02-16-2005 90160 007 \*\*\*\*50.00

Principal Place of Business  
222 LAKEVIEW AVENUE, SUITE 160-263  
WEST PALM BEACH, FL 33401

Mailing Address  
222 LAKEVIEW AVENUE, SUITE 160-263  
WEST PALM BEACH, FL 33401

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01052005 Chg-LLC CR2E083 (10/03)

4. FEI Number  
84-1623573

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHMIDT, HENRY E JR  
315 DYER RD  
WEST PALM BEACH, FL 33405

7. Name and Address of New Registered Agent

Name Schmidt, Henry E. JR --- (SAME) ---  
Street Address (P.O. Box Number is Not Acceptable)  
222 Lakeview Ave  
Suite 160-263  
City West Palm Beach **FL** Zip Code 33401

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00  
Due by May 1, 2005

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE P  
NAME SCHMIDT, HENRY E JR ☐ Delete  
STREET ADDRESS 315 DYER RD  
CITY-ST-ZIP WEST PALM BEACH, FL 33405

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME SCHMIDT, HENRY E. JR ☒ Change ☐ Addition  
STREET ADDRESS 222 Lakeview Ave, Suite 160-263  
CITY-ST-ZIP West Palm Beach, FL 33401

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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:

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

Date

Daytime Phone #

1/12/05 561 659 0170