

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**

**Jan 23, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000010465**

1. Entity Name  
**Z HOLLOWAY INVESTMENTS, LLC**



Principal Place of Business  
**3520 N.W. 143RD STREET  
GAINESVILLE, FL 32606**

Mailing Address  
**3520 N.W. 143RD STREET  
GAINESVILLE, FL 32606**



01182006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**03-0512874**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**TURNER, CRAIG W  
1531 S.E. 36TH AVENUE, SUITE E  
OCALA, FL 34471**

**DO NOT WRITE  
IN THIS SPACE**

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, 2006

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	HOLLOWAY, BETTE L
STREET ADDRESS	3520 N.W. 143RD STREET
CITY-ST-ZIP	GAINESVILLE, FL 32606
TITLE	MGRM
NAME	HOLLOWAY, PAUL H
STREET ADDRESS	3520 N.W. 143RD STREET
CITY-ST-ZIP	GAINESVILLE, FL 32606
TITLE	MGRM
NAME	HOLLOWAY, MICHAEL
STREET ADDRESS	8440 SE 16TH TERR
CITY-ST-ZIP	OCALA, FL 34480
TITLE	MGRM
NAME	HOLLOWAY, KATHRYN
STREET ADDRESS	8440 SE 16TH TERR
CITY-ST-ZIP	OCALA, FL 34480
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

00000144400  
01/26/06-80009-006 50.00

**DO NOT WRITE  
IN THIS SPACE**

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:** Bette Holloway Jan 18, 2006 352 332-0339  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #