

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000034326

Entity Name: HOLIDAY VENTURES, L.C.

FILED
Mar 04, 2009
Secretary of State

Current Principal Place of Business:

2293 WEST EAU GALLIE BLVD.
MELBOURNE, FL 32935

New Principal Place of Business:

1801 PENN ST
SUITE 1-A
MELBOURNE, FL 32901

Current Mailing Address:

2293 WEST EAU GALLIE BLVD.
MELBOURNE, FL 32935

New Mailing Address:

1801 PENN ST
SUITE 1-A
MELBOURNE, FL 32901

FEI Number: 20-0196364

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHELPMAN, KIM
2293 WEST EAU GALLIE BLVD.
MELBOURNE, FL 32935 US

Name and Address of New Registered Agent:

SHELPMAN, KIM
1801 PENN ST
SUITE 1-A
MELBOURNE, FL 32901 US

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.

SIGNATURE: KIM SHELPMAN

03/04/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HOLIDAY BUILDERS CON, STRUCTION, INC .
Address: 2293 WEST EAU GALLIE BLVD.
City-St-Zip: MELBOURNE, FL 32935

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HOLIDAY BUILDERS CON, STRUCTION, INC .
Address: 1801 PENN ST SUITE 1-A
City-St-Zip: MELBOURNE, FL 32901

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BONNIE DOSS

ST

03/04/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date