FILED
May 17, 2004 8:00 am
Secretary of State

04-30-2004 90061 037 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000042466

1. Entity Name
HOLLY/WRIGHT ENTERPRISES LLC

Principal Place of Business	Mailing Address
11801 LAKESHIRE CT. FORT MYERS, FL 33913	11801 LAKESHIRE CT. FORT MYERS, FL 33913

34006565

04262004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
12951 METRO PARKWAY	
Suite, Apt. #, etc.: UNIT 16	Suite, Apt. #, etc.:
City & State: FORT MYERS, FLORIDA	City & State:
Zip: 33912 Country: USA	Zip: Country:

4. FEI Number: 11-3708353 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WRIGHT, JUDITH K
11801 LAKESHIRE CT.
FORT MYERS, FL 33913

7. Name and Address of New Registered Agent

Name: WRIGHT, JUDITH
Street Address (P.O. Box Number is Not Acceptable): 12950 METRO PKWY #16
City: FORT MYERS FL Zip Code: 33912

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]
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, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: PRESIDENT NAME: HOLLY WEZKIEWICZ STREET ADDRESS: 13740 HICKORY RUN LANE CITY-ST-ZIP: FORT MYERS FL 33912	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: SECRETARY NAME: JUDITH WRIGHT STREET ADDRESS: 11801 LAKESHIRE CT CITY-ST-ZIP: FORT MYERS FL 33913	☐ 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
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

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] 4/28/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #