2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 12, 2004 8:00 am Secretary of State **DOCUMENT # L03000045874** 1. Entity Name 04-12-2004 90024 018 ****50.00 HOLLIDAY, LLC Principal Place of Business Mailing Address 4250 GALT OCEAN DRIVE, #8E 200 CROSS KEYS ROAD, UNIT 61 FT. LAUDERDALE, FL 33308 BALTIMORE, MD 21210 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03242004 Chg-LLC CR2E083 (10/03) 4. FEI Number City & State City & State Applied For 55-085188Z Not Applicable Zip Country Country Zip \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HOLLIDAY, FLOYD, C. 4250 GALT OCEAN DRIVE, #8E FT. LAUDERDALE, 72, 33308 Street Address (P.O. Box Number is Not Acceptable) Zin Code 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 pr nted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2904 Make check payable to Florida Department of State ... MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE ☐ Delete TIT? F ☐ Change ☐ Addition NAME HOLLIDAY, LISA K NAME 3734 BEVERLY RIDGE DRIVE STREET ADDRESS STREET ADDRESS SHERMAN OAKS, CA 91423 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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. Mar SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone

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