



2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90125 025 ***138.75

DOCUMENT # L04000018183					
1. Entity Name HOLCO, LLC					
Principal Place of Business 100 S. BISCAYNE BLVD. SUITE 1100 MIAMI, FL 33131 US			Mailing Address 100 S. BISCAYNE BLVD. SUITE 1100 MIAMI, FL 33131 US		
2. Principal Place of Business - No P.O. Box # 100 S Biscayne Blvd Suite, Apt. #, etc. Ste 900		3. Mailing Address 100 S. Biscayne Blvd Suite, Apt. #, etc. Ste 900			
City & State miami FL		City & State miami FL		04092008 Chg-LLC CR2E083 (12/06)	
Zip 33131		Country USA		4. FEI Number 20-2881248	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ROSENTHAL, KERRY E 2875 NE 191ST STREET SUITE 500 AVENTURA, FL 33180			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOLLO, TIBOR 100 S. BISCAYNE BLVD., #1100 MIAMI, FL 33131	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COHEN, ED 100 S. BISCAYNE BLVD., SUITE #1100 MIAMI, FL 33131	<input type="checkbox"/> Delete			
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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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date _____ Daytime Phone # _____					