2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Aug 20, 2007
Secretary of State

DOCUMENT# L04000020632

Entity Name: HOLIDAY BUILDERS REAL ESTATE, L.L.C.

Current Principal Place of Business:

2293 WEST EAU GALLIE BLVD.
MELBOURNE, FL 32935

New Principal Place of Business:

Current Mailing Address:

2293 WEST EAU GALLIE BLVD.
MELBOURNE, FL 32935

New Mailing Address:

FEI Number: 20-0944650 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BYRNES, KATHRYN
2293 WEST EAU GALLIE BLVD.
MELBOURNE, FL 32935 US

Name and Address of New Registered Agent:

SHELPMAN, KIM
2293 WEST EAU GALLIE BLVD.
MELBOURNE, FL 32935 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 08/20/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

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

Title: PRES ( ) Delete
Name: SHELPMAN, KIM
Address: 2293 W. EAU GALLIE BLVD.
City-St-Zip: MELBOURNE, FL 32935

Title: VP ( ) Delete
Name: BYRNES, KATHRYN
Address: 2293 W. EAU GALLIE BLVD.
City-St-Zip: MELBOURNE, FL 32935

Title: S/TR ( ) Delete
Name: DOSS, BONNIE
Address: 2293 W. EAU GALLIE BLVD.
City-St-Zip: MELBOURNE, FL 32935

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: EVP (X) Change ( ) Addition
Name: FADIL, RICHARD
Address: 2293 W. EAU GALLIE BLVD.
City-St-Zip: MELBOURNE, FL 32935

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: AVP ( ) Change (X) Addition
Name: ASSAM, BRUCE
Address: 2293 W EAU GALLIE BLVD
City-St-Zip: MELBOURNE, FL 32935

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 08/20/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date