

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000020632

FILED
Apr 14, 2008
Secretary of State

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:

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

Name and Address of New Registered Agent:

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: _____

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: EVP () Delete
Name: FADIL, RICHARD
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: AVP () Delete
Name: ASSAM, BRUCE
Address: 2293 W EAU GALLIE BLVD
City-St-Zip: MELBOURNE, FL 32935

ADDITIONS/CHANGES:

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

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

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

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

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

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

S/TR

04/14/2008

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