

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90024 007 ****50.00

DOCUMENT # L04000050139

1. Entity Name
HOLLY HEALTH PARTNERS, LLC



Principal Place of Business
**1700 S MACDILL AVE, STE 220
TAMPA, FL 33629**

Mailing Address
**1700 S MACDILL AVE, STE 220
TAMPA, FL 33629**

20016644



02012006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1332004

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GIORDANO, JOHN N
220 S FRANKLIN ST
TAMPA, FL 33602**

**DO NOT WRITE
IN THIS SPACE**

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, 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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MURRAY, MICHAEL S
1700 S MACDILL AVE #220
TAMPA, FL 33629**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MURRAY, JR, JAMES K
1700 S MACDILL AVE #220
TAMPA, FL 33629**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

3/7/06

Date

813-223-2424

Daytime Phone #