


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 29, 2008 08:00 A
Secretary of State

DOCUMENT # L04000050139 1. Entity Name HOLLY HEALTH PARTNERS, LLC	
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Principal Place of Business 1700 S MACDILL AVE, STE 220 TAMPA, FL 33629	Mailing Address 1700 S MACDILL AVE, STE 220 TAMPA, FL 33629
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01212008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-1332004	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent GIORDANO, JOHN N 220 S FRANKLIN ST TAMPA, FL 33602

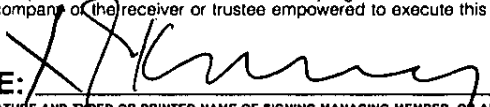
DO NOT WRITE IN THIS SPACE

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	000000843933 03/12/08-80015-011 138.75
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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
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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:  2-26-08 813-223-2424 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>
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