2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 01, 2007
Secretary of State

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Entity Name: HOLIDAY BUILDERS OF THE GULF COAST, LLC.

Current Principal Place of Business:

2293 W EAU GALLIE BLVD
MELBOURNE, FL 32935 US

New Principal Place of Business:

Current Mailing Address:

2293 W EAU GALLIE BLVD
MELBOURNE, FL 32935 US

New Mailing Address:

FEI Number: 20-1380473 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BYRNES, KATHRYN
2293 W 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: MGR ( ) Delete
Name: TUTTLE, RONALD
Address: 2293 W EAU GALLIE BLVD
City-St-Zip: MELBOURNE, FL 32935 US

Title: MGR ( ) Delete
Name: SHELPMAN, KIMBERLY
Address: 2293 W EAU GALLIE BLVD
City-St-Zip: MELBOURNE, FL 32935 US

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

ADDITIONS/CHANGES:

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

Title: MGR (X) Change ( ) Addition
Name: SHELPMAN, KIM
Address: 2293 W EAU GALLIE BLVD
City-St-Zip: MELBOURNE, FL 32935 US

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

I hereby certify that the information supplied with this filing does not qualify for the 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 03/01/2007

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