

**2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

**FILED  
Aug 20, 2007  
Secretary of State**

DOCUMENT# L04000052375

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:**

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

Title: MGR ( ) Delete  
Name: SHELPMAN, KIM  
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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

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