

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000055073

FILED  
Apr 25, 2005  
Secretary of State

Entity Name: HOLIDAY INVESTMENTS, LLC

## Current Principal Place of Business:

6073 ASHFORD LANE  
SUITE #802  
NAPLES, FL 34110 US

## New Principal Place of Business:

## Current Mailing Address:

6073 ASHFORD LANE  
SUITE #802  
NAPLES, FL 34110 US

## New Mailing Address:

FEI Number: 20-1411815

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FARAH, ERIN S  
6073 ASHFORD LANE  
SUITE #802  
NAPLES, FL 34110 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/MEMBERS:

Title: MGR ( ) Delete  
Name: FARAH, TED L  
Address: 6073 ASHFORD LANE #802  
City-St-Zip: NAPLES, FL 34110 US

Title: MGR ( ) Delete  
Name: ROSA, DAN JR  
Address: 1901 A. WOODBURN RD  
City-St-Zip: WAUKESHA, WI 53188 US

Title: MGRM ( ) Delete  
Name: FARAH, ERIN S  
Address: 6073 ASHFORD LANE #802  
City-St-Zip: NAPLES, FL 34110 US

## 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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ERIN FARAH

MGRM

04/25/2005

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