

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 05, 2005 8:00 am**  
**Secretary of State**

07-05-2005 90002 050 \*\*\*\*50.00

**DOCUMENT # L04000074722**

1. Entity Name  
**HUDSON HOLIDAY HAVEN, LLC**



Principal Place of Business  
**8301 NEWORK AVENUE  
HUDSON FL 34667**

Mailing Address  
**6811 PALM DRIVE  
HOLMES BEACH FL 34217**

**20061151**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06282005 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number  
**20-1757583**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BARNES, GARRET T  
3119 MANATEE AVENUE WEST  
BRADENTON, FL 34205**

Name **Lois K. Post**

Street Address (P.O. Box Number is Not Acceptable)

**6811 Palm Dr.**

City **Holmes Beach**

FL Zip Code **34217**

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 **Lois K. Post** **LOIS K. POST**

DATE **6/29/05**

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 September 7, 2005**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete  
NAME POST, WALTER L  
STREET ADDRESS 6811 PALM DRIVE  
CITY-ST-ZIP HOLMES BEACH, FL 34217

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGR ☐ Delete  
NAME POST, LOIS  
STREET ADDRESS 6811 PALM DRIVE  
CITY-ST-ZIP HOLMES BEACH, FL 34217

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify 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 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 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**WALTER L. POST**

**6/29/05 778-0212**