## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L04000082097

1. Entity Name
HOLLY HILL PARTNERS, LLC

FILED
May 01, 2006 08:00 AM
Secretary of State

Principal Place of Business

500 SOUTH FLORIDA AVE., SUITE 700 LAKELAND, FL 33801

Mailing Address

500 SOUTH FLORIDA AVE., SUITE 700 LAKELAND, FL 33801



04282006 No Chg-LLC

CR2E083 (11/05)

4. FEt Number 20-1883468 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

AIRTH, H. ADAM C/O CLARK, CAMPBELL & MAHWINNEY, P.A. 500 SOUTH FLORIDA AVE., SUITE 800 LAKELAND, FL 33801

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8	. The above named entity submits this statement for the purpos	a of changing its registered office o	or registered agent, or bott	h, in the State of Florida.	I am familiar with, a	nd accept
	the obligations of registered agent.					

SIGNATURE.

CITY-ST-ZIP

Signature, typed or printed name of registered agent and title if applicable.

(NOTE Registered Agent alignature required when reinstaling)

DATE

Filing Fee is \$50.00 Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS GITY-ST-ZIP	MGR ANCHOR INVESTMENT CORPORATION OF FLA. 500 SOUTH FLORIDA AVE., SUITE 700 LAKELAND, FL 33801			
TITLE MAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME SIREET AUDRESS CITY-ST-ZIP				
THILE HAME STREET ADDRESS CITY-ST-ZIP	_			
TITLE INAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS				

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11. I hereby certify that the information supplied with this filling 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: Sun Sylley
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING STANGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/28/06

863-647-1581

Date

Daytime Phone &