

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000089618

Entity Name: HOLIDAY PROPERTY LLC

FILED
Apr 18, 2006
Secretary of State

Current Principal Place of Business:

2433 TACKLE LANE
HOLIDAY, FL 34691

New Principal Place of Business:

4340 FLORA AVE
HOLIDAY, FL 34691

Current Mailing Address:

2433 TACKLE LANE
HOLIDAY, FL 34691

New Mailing Address:

4340 FLORA AVE
HOLIDAY, FL 34691

FEI Number: 20-1996516

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HENSLEY, RENE M
2814 WINDRIDGE DR.
HOLIDAY, FL 34691 US

Name and Address of New Registered Agent:

HENSLEY, RENE M
4340 FLORA AVE
HOLIDAY, FL 34691 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: RENE M HENSLEY

04/18/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HENSLEY, EDWARD D
Address: 2814 WINDRIDGE DR
City-St-Zip: HOLIDAY, FL 34691

Title: MGRM () Delete
Name: WOMELSDORF, SAMANTHA M
Address: 5626 MIRADA DR
City-St-Zip: HOLIDAY, FL 34691

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HENSLEY, EDWARD D
Address: 4340 FLORA AVE
City-St-Zip: HOLIDAY, FL 34691

Title: MGRM (X) Change () Addition
Name: HENSLEY, RENE M
Address: 4340 FLORA AVE
City-St-Zip: HOLIDAY, FL 34691

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: EDWARD D HENSLEY

MGRM

04/18/2006

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