


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jun 09, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90033 042 \*\*\*\*50.00

|  |   |   |  |  |  |
|--|---|---|--|--|--|
| <b>DOCUMENT # L05000007725</b><br>1. Entity Name<br><b>HOLLAND REAL, LLC</b>   |   |   |  |           |  |
| Principal Place of Business<br><b>C/O J. PAUL RAYMOND<br/>625 COURT STREET, STE. 200<br/>CLEARWATER FL 33756</b>   |   |   | Mailing Address<br><b>C/O J. PAUL RAYMOND<br/>625 COURT STREET, STE. 200<br/>CLEARWATER FL 33756</b>   |  |  |
| 2. Principal Place of Business   |   | 3. Mailing Address  |  |  |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.   |  |  |  |
| City & State   |   | City & State  |  | 4. FEI Number  |  |
| Zip  |   | Country   |  | <input checked="" type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |  |
| 5. Certificate of Status Desired   |   | <input type="checkbox"/> \$5.00 Additional Fee Required           |  |  |  |
| 6. Name and Address of Current Registered Agent  |   |   | 7. Name and Address of New Registered Agent  |  |  |
| <b>RAYMOND, J. PAUL<br/>625 COURT STREET, STE. 200<br/>CLEARWATER FL 33756</b>   |   |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when renouncing)</small>  |   |   |  |  |  |
| <b>FILE NOW!!! FEE IS \$50.00</b><br><b>Make Check Payable to Florida Department of State</b><br><b>Due By May 1, 2006</b>   |   |   |  |  |  |
| 9. MANAGING MEMBERS/MANAGERS   |   |   | 10. ADDITIONS/CHANGES  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   | Managing Member<br><b>David Hooks</b><br><b>1701 Golf View Drive</b><br><b>Belleair, FL 33756</b> | <input type="checkbox"/> Delete                                   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |  |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u><i>David Hooks</i></u> <b>DAVID HOOKS</b> <u>4/27/06</u> <b>727-585-2119</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |   |   |  |  |  |