2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

Principal Place of Sutiness 11635 NW 1ST AVENUE GARNSYLLE, 11 32607 2. Principal Place of Sutiness Suite, Apt. # etc. Suite, Apt. # etc. Coy. & State C	DOCUMENT # L0500009300 1. Entity Name HOLLY POINTE APARTMENTS, LLC							i- IL. E 6 APR 20 A	M 10: 09		
Suite. April # etc. Suite. April # etc. City & State Street Address of New Registered Agent Name Street Address (P.O. Box Number is Net Acceptable) Street Address (P.O. Box Number is Net Acceptable) City FL Zop Code R. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fordat. I am familiar with, and accept more changed critical agent and state of Fordat. I am familiar with, and accept more changed critical agent and state of Fordat. I am familiar with, and accept more changed critical agent and state of Fordat. I am familiar with, and accept more changed critical agent and state of Fordat. I am familiar with, and accept more changed critical agent and state of Fordat. I am familiar with, and accept more changed critical agent and state of Fordat. I am familiar with, and accept more changed critical agent and state of Fordat. I am familiar with, and accept more changed critical agent and state of Fordat. I am familiar with, and accept more changed critical agent agent agent agent and accept more changed critical agent agent agent agent and accept more changed critical agent	11635 NW 1S	T AVENUE		11635 NW 1ST AVENUE							
City & State City & State City & State City & State A-FE Number City & State Stat	2. Principal Place of Business			3. Mailing Address							
### Analysis Desire ### An	Suite, Apt. #, etc.			Suite, Apt. #, etc.			03012006	Chg-LLC	CR2E083 (11/0	95)	
B. Centraces of Status Deared 1. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 1. Name 1. Name and Address of New Registered Agent 1. Name 1. Name and Address of New Registered Agent 1. Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code Incomposite of registered agent. Signant spanial registered a	City & State			City & State			4. FEI Numb	2305	167		
NATION 11635 NW 1ST AVENUE GAINESVILLE, FL 32607 6. The above named entity submist his statement for the purpose of changing its registered office or registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent. SIGNATURE Tipulary space or share name or registered agent. FIIIng Fee Is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES OUT ST. JP. TILE MORTH MORTH MORTH CURTIS, JOHN M SR. GRINESVILLE, FL 32607 TILE MORTH MO	Zip		Country	Zip Coun		ntry	5. Certificate	e of Status Desired			
Street Address (P.O. Box Number is Not Acceptable) City		6. Name	and Address of Current R	tegistered Agent							
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 Signature, topers or private name of improved agent and the 7 applicable. (NOTE Registered Agent signature required when remaining) ONTE	11635 NW	1ST AVE		Street Address (P.O. Box Number is Not Acceptable)					
SIGNATURE Filling Fee is \$50.00 Make check payable to Florida Department of State						City FL Zip Code					
SIGNATURE Signature typed or priced name of reprisence agent and life if applicable. (NOTE Registered Agent tignature recovered when remaining) DATE											
Filling Fee is \$50.00 Due by May 1, 2006 9.	SIGNATURE										
TITLE NAME CURTIS, JOHN M SR. CITY-ST-ZP CIT	Fill	s \$50.00		 							
NAME SIREET ADDRESS CITY-ST-ZP TITLE NAME SIREET ADDRESS CITY-ST-ZP SIREET ADDRESS CITY-ST-ZP TITLE NAME SIREET ADDRESS CITY-ST-ZP SIREET ADDRESS CITY-ST-ZP TITLE NAME SIREET ADDRESS CITY-ST-ZP	9.		MANAGING MEMBER	I RS/MANAGERS	10.			ADDITIONS	/CHANGES		
NAME STREET ADDRESS CITY-ST-ZIP Delete	NAME STREET ADDRESS	CURTIS, 11635 NV	V 1ST AVENUE	☐ Delete	NAME Street address				☐ Chan	ge 🗌 Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRES	NAME STREET ADDRESS	NAF STR				AE EET ADDRESS	800072193088 04/27/0601009012 **\$5.00				
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRES	NAME STREET ADDRESS	NAMI STRE				AE EET ADDRESS			☐ Chan	ge 🔲 Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 1. I hereby certify that the information supplied with this filing 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. - John M. Curtis Managing Member 04/18/06 352-332-0838	NAME STREET ADDRESS	NAM Stree				AE EET ADDRESS			☐ Chan	ge 🔲 Addition	
NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing 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. — John M. Curtis Managing Member 04/18/06 352-332-0838	NAME STREET ADDRESS	NAME Stree				ME EET ADDRESS			☐ Chan	ge 🔲 Addition	
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. — John M. Curtis Managing Member 04/18/06 352-332-0838	NAME STREET ADDRESS			☐ Delete	NAM STR	ME EET ADDRESS			☐ Chan	ge ြ Addition	
PICNATURE / 04/10/00 352-332-0036	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. — John M. Curtis										
SIGNATURE AND TYPED OR DWINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Date Date Date Date Date Date	SIGNAT	URE SIGNATURE	AND TYPED OR DAINTED NAME OF	_							