

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000023413

Entity Name: HOLIDAY COVE, LLC

FILED
Mar 12, 2006
Secretary of State

Current Principal Place of Business:

1811 ENGLEWOOD ROAD
#167
ENGLEWOOD, FL 34223

New Principal Place of Business:

Current Mailing Address:

1811 ENGLEWOOD ROAD
#167
ENGLEWOOD, FL 34223

New Mailing Address:

FEI Number: 20-2474122

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVID A. DUNKIN, P.A.
170 WEST DEARBORN STREET
ENGLEWOOD, FL FL US

Name and Address of New Registered Agent:

ADERMAN, BILL
1811 ENGLEWOOD ROAD #167
ENGLEWOOD, FL 34223 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: BILL

03/12/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ADERMAN, BILL
Address: 50 CAYMAN ISLES BLVD.
City-St-Zip: ENGLEWOOD, FL 34223

Title: MGRM () Delete
Name: MENARD, WALTER
Address: 13672 EMRICK DRIVE
City-St-Zip: PLYMOUTH, MI 48170

Title: MGRM () Delete
Name: MARTIN, PAUL
Address: 15562 MERION COURT
City-St-Zip: NORTHVILLE, MI 48167

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: BILL ADERMAN

MGRM

03/12/2006

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