2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2007
Secretary of State

DOCUMENT# L05000023413

Entity Name: HOLIDAY COVE, LLC

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 (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

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 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 04/28/2007

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