

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000054029

FILED
Apr 03, 2007
Secretary of State

Entity Name: HOLISTIC INVESTMENT PROPERTIES, LLC

Current Principal Place of Business:

P.O. BOX 15191
TALLAHASSEE, FL 32317

New Principal Place of Business:

2317 TOUR EIFFEL DRIVE
TALLAHASSEE, FL 32308

Current Mailing Address:

P.O. BOX 15191
TALLAHASSEE, FL 32317

New Mailing Address:

FEI Number: 30-0318476 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SCHMOOKLER, SANFORD M
2317 TOUR EIFFEL DRIVE
TALLAHASSEE, FL 32308 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: SCHMOOKLER, SANFORD M
Address: P.O. BOX 15191
City-St-Zip: TALLAHASSEE, FL 32317

ADDITIONS/CHANGES:

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: SANFORD M. SCHMOOKLER

MGRM

04/03/2007

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