# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**May 04, 2006 8:00 am**
**Secretary of State**
04-17-2006 90041 045 ****50.00

DOCUMENT # L05000057511

1. Entity Name
HOLLY HILL ROAD, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 11507 NORTH SHORE GOLF CLUB BLVD.<br>ORLANDO, FL 32832 | 11507 NORTH SHORE GOLF CLUB BLVD.<br>ORLANDO, FL 32832 |

04072006 Chg-LLC CR2E083 (11/05)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 5511 HANSEL AVE. | 5511 HANSEL AVE. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: ORLANDO, FL | City & State: ORLANDO, FL |
| Zip: 32809 Country: USA | Zip: 32809 Country: USA |

4. FEI Number: 27-0124998 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

RUSSELL, DOUGLAS R
11507 NORTH SHORE GOLF CLUB BLVD.
ORLANDO, FL 32832

**7. Name and Address of New Registered Agent**

Name: DOUGLAS R. RUSSELL
Street Address (P.O. Box Number is Not Acceptable): 5511 HANSEL AVE.
City: ORLANDO FL Zip Code: 32809

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: _____ DOUGLAS R. RUSSELL 4/10/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is $50.00**
**Due by May 1, 2006**

**Make check payable to Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>DOUGLAS R. RUSSELL<br>5511 HANSEL AVE.<br>ORLANDO, FL 32809 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>ROBERT L. SECAIST, III<br>5511 HANSEL AVE.<br>ORLANDO, FL 32809 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>JAMES BOWD<br>5511 HANSEL AVE.<br>ORLANDO, FL 32809 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>MARCUS HOOKER<br>5511 HANSEL AVE.<br>ORLANDO, FL 32809 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

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.

**SIGNATURE:** _____ DOUGLAS R. RUSSELL 4/10/06 407-509-8484
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #