2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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05/08/06--01004--012 **50.00

DOCUMENT # L05000078889

1. Entity Name
WHAT WE DID ON OUR HOLIDAYS, LLC

Principal Place of Business	Mailing Address
500 CITADEL DR. SUITE 200 LOS ANGELES, CA 90040	500 CITADEL DR. SUITE 200 LOS ANGELES, CA 90040

02162006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business		3. Mailing Address	
445 S. Figeuroa St.		445 S. Figeuroa St.	
Suite, Apt. #, etc.: Suite 2600		Suite, Apt. #, etc.: Suite 2600	
City & State: Los Angeles, CA		City & State: Los Angeles, CA	
Zip: 90071	Country: USA	Zip: 90071	Country: USA

4. FEI Number: 47-0959240 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SHAH, DIPA 4837 POND RIDGE DRIVE RIVERVIEW, FL 33569	Name: Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code:

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, 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	MGRM MILLS-PIERRE, JOHN III 5740 FAYETTE STREET EAGLE ROCK, CA 90042	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PEAKE, SCOTT 833 SOUTH DETROIT STREET LOS ANGELES, CA 90036	☐ 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
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	4/28	☐ 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: Allison J. Mella, Esq., Attorney in Fact for ~~W. Scott Peake, Manager/ Member~~ 4/25/06 310-576-6161

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #