

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 06, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # L05000086430**

1. Entity Name  
**HOLIDAY HARBOR DOCKS, L.L.C.**



Principal Place of Business  
**2215 S. THIRD STREET, STE. 101  
JACKSONVILLE BEACH, FL 32250**

Mailing Address  
**2215 S. THIRD STREET, STE. 101  
JACKSONVILLE BEACH, FL 32250**



04032007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-3803264**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

**AHERN, FRED L JR  
2215 S. THIRD STREET, STE. 101  
JACKSONVILLE BEACH, FL 32250**

**DO NOT WRITE  
IN THIS SPACE**

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 reappointing)

DATE

4/5/07

**Filing Fee is \$50.00  
Due by May 1, 2007**

**B. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AHERN, FRED L JR 2215 S. THIRD STREET, STE. 101 JACKSONVILLE BEACH, FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JAMES, CHARLES B 2215 S. THIRD STREET, STE. 101 JACKSONVILLE BEACH, FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST AHERN, FRED L SR 2215 S. THIRD STREET, STE. 101 JACKSONVILLE BEACH, FL 32250
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04/16/07-80056-005 50.00

**DO NOT WRITE  
IN THIS SPACE**

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 606, Florida Statutes.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #