

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000086430

FILED
Mar 06, 2009
Secretary of State

Entity Name: HOLIDAY HARBOR DOCKS, L.L.C.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 20-3803264

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AHERN, FRED L JR
2215 S. THIRD STREET, STE. 101
JACKSONVILLE BEACH, FL 32250 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: P () Delete
Name: AHERN, FRED L JR
Address: 2215 S. THIRD STREET, STE. 101
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: VP () Delete
Name: JAMES, CHARLES B
Address: 2215 S. THIRD STREET, STE. 101
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: ST () Delete
Name: AHERN, FRED L SR
Address: 2215 S. THIRD STREET, STE. 101
City-St-Zip: JACKSONVILLE BEACH, FL 32250

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: FRED L. AHERN, JR.

P

03/06/2009

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