

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000023372

Entity Name: HOLY LAND PRODUCT, LLC

FILED
Jan 07, 2007
Secretary of State

Current Principal Place of Business:

4910 SW 28TH TERRACE
DANIA BEACH, FL 33312

New Principal Place of Business:

5801 SW 24 AVE
FORT LAUDERDALE, FL 33312

Current Mailing Address:

4910 SW 28TH TERRACE
DANIA BEACH, FL 33312

New Mailing Address:

5801 SW 24 AVE
FORT LAUDERDALE, FL 33312

FEI Number: 20-4327767

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SLUTSKY, ERWIN H
582 N VOLUSIA AVE
ORANGE CITY, FL 32763 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: MGR () Delete
Name: ZAPPA, ORI
Address: 4910 SW 28TH TERRACE
City-St-Zip: DANIA BEACH, FL 33312

Title: MGR () Delete
Name: ASRAF, ADI
Address: 4577 NW 19TH AVE
City-St-Zip: TAMARAC, FL 33309

Title: MGR () Delete
Name: SHARON, RAFI
Address: 382 ROCKEDGE DR
City-St-Zip: OAK PARK, CA 91377

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ZAPPA, ORI
Address: 5801 SW 24 AVE
City-St-Zip: FORT LAUDERDALE, FL 33312

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 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: ORI ZAPPA

MGRM

01/07/2007

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