

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000003225

Entity Name: HOLIDAY AVIATION LLC

FILED  
Mar 03, 2008  
Secretary of State

**Current Principal Place of Business:**

5001 FILLMORE ST  
HOLLYWOOD, FL 33021

**New Principal Place of Business:**

3438 NE 5TH AVE  
FT. LAUDERDALE, FL 33334 US

**Current Mailing Address:**

5001 FILLMORE ST  
HOLLYWOOD, FL 33021

**New Mailing Address:**

3438 NE 5TH AVE  
FT. LAUDERDALE, FL 33334 US

FEI Number: 32-0233647

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

SCHULTE, MATTHEW C  
5001 FILLMORE ST  
HOLLYWOOD, FL 33021 US

**Name and Address of New Registered Agent:**

HOLIDAY SOUVENIRS INC  
3438 NE 5TH AVE  
FT. LAUDERDALE, FL 33334 US

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: MANUEL J PASCAL

03/03/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: HOLIDAY SOUVENIRS IN, C.  
Address: 3438 N.E. 5TH AVENUE  
City-St-Zip: FT. LAUDERDALE, FL 33334

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: HOLIDAY SOUVENIRS IN, C.  
Address: 3438 N.E. 5TH AVENUE  
City-St-Zip: FT. LAUDERDALE, FL 33334 US

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: MANUEL J PASCAL

MGRM

03/03/2008

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