## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER

## Feb 28, 2008 8:00 am Secretary of State **DOCUMENT # L07000013426** 1. Entity Name 02-28-2008 90101 050 \*\*\*143.75 HOLLY HOUSE, LLC Principal Place of Business Mailing Address .<del>501 CONTINENTAL PLAZA, 3250 MARY STRE</del> COCONUT GROVE FL 33133 501 CONTINENTAL PLAZA, 3250 MARY STRE COCONUT GROVE FL 33133 1950 1st MOORE CB2F083 (10/07) 107 4. FEI Number Applied For liam Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CRONIG, STEVEN C Street Address (P.O. Box Number is Not Acceptable) 307 CONTINENTAL PLAZA, 3250 MARY STREET **COCONUT GROVE FL 33133** 8. The above named enjoy 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 re-FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGR TITLE MGR 🛣 Delete TITLE **Addition** ☐ Change SCHWARTZ; DAREN A Biscarne Blod # 930 STREET ADDRESS 501-CONTINENTAL PLAZA, 3250 MARY STREET STREET ADDRESS CITY-ST-ZIP COCONUT GROVE FL 33133 CITY-ST-Z:P 🗹 Change TITLE MGR **2** Delete TITLE ☐ Addition NAME FURSHMAN, BRETT NAME Blud. # 930 12555 Biscayne STREET ADDRESS STREET ADORESS 501-CONTINENTAL-PLAZA, 3250 MARY-STREET\_ North Miami CITY-ST-ZIP COCONUT-GROVE FL-93139 CITY-ST-ZIP THE Change HILE Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZiP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP 11. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. Flurther 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: