

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000024898

Entity Name: HOLIDAY VILLAS 405, LLC

FILED
Feb 08, 2009
Secretary of State

Current Principal Place of Business:

18610 GULF BLVD.
#405
INDIAN SHORES, FL 33785

New Principal Place of Business:

Current Mailing Address:

15509 CASEY ROAD EXT.
TAMPA, FL 33624

New Mailing Address:

FEI Number: 45-0554363

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MYERS, REBECCA L
15509 CASEY ROAD EXT.
TAMPA, FL 33624 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: MGRM () Delete
Name: MYERS, REBECCA/STEVE
Address: 15509 CASEY ROAD EXT
City-St-Zip: TAMPA, FL 33624 US

Title: MGRM () Delete
Name: BIKOWITZ, LYNN/PAUL
Address: 6619 THOROUGHbred LOOP
City-St-Zip: ODESSA, FL 33556 US

Title: MGRM () Delete
Name: LEE, BILLIE/RICHARD
Address: 1113 LEISURE AVENUE
City-St-Zip: TAMPA, FL 33613 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: POPE/BIKOWITZ, LYNN/PAUL
Address: 6619 THOROUGHbred LOOP
City-St-Zip: ODESSA, FL 33556 US

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: LYNN POPE BIKOWITZ

MGRM

02/08/2009

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