# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**May 01, 2010**
**Secretary of State**

DOCUMENT# L08000101266

**Entity Name:** HOLLY MEDICAL FUND MANAGEMENT, LLC

**Current Principal Place of Business:**

370 MINORCA AVENUE
CORAL GABLES, FL 33134

**New Principal Place of Business:**

1825 PONCE DE LEON BLVD., #431
CORAL GABLES, FL 33134

**Current Mailing Address:**

370 MINORCA AVENUE
CORAL GABLES, FL 33134

**New Mailing Address:**

1825 PONCE DE LEON BLVD., #431
CORAL GABLES, FL 33134

**FEI Number: 26-3619358** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
**In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.**

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

BERRIOS, XIMENA
370 MINORCA AVENUE
CORAL GABLES, FL 33134 US

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

DAVIS, JIM
1825 PONCE DE LEON BLVD., #431
CORAL GABLES, FL 33134 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: JIM DAVIS 05/01/2010
Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM
Name: HOLLY, WILLIAM H
Address: 1825 PONCE DE LEON BLVD., #431
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR
Name: MCCAMMON, ROBERT K
Address: PO BOX 4302
City-St-Zip: BOULDER, CO 80306

Title: MGR
Name: GARY, LEWIS
Address: 1825 PONCE DE LEON BLVD., #431
City-St-Zip: CORAL GABLES, FL 33134

I hereby 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 Statues.

SIGNATURE: WILLIAM H. HOLLY MGRM 05/01/2010
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date