2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9900000332

1. Entity Name

HOLLY WILLIAMSON INVESTMENTS #10, LLC



FILED Mar 11, 2003 8:00 am
Secretary of State

03-11-2003 90028 039 ****50.00

				- 1	GO WE							
Principal Pla	ce of Busines:	3	Mailing Address									
2210 S.W. 28TH STREET			2210 S.W. 28TH STREET									
MIAMI FL 33133			MIAMI FL 33133									
									16111 48111 1111			
2. Principal I	Place of Busin	ess	3. Mailing Address			1						
Suite, Apt. #, etc.			Cuito Ant # ata					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	••••		11010 1101 1001	
3011e, Apr. #, etc.			Suite, Apt. #, etc.					CHECK H	ERE IF MAK	ING CHANGE	S	
City & State			City & State			4. FE	I Number	65-0913	2045		Applied For	
								_		i	Not Applicable	
Zip Country		Zip	Zip Country			ertificate of	Status Desir	ed 🎍 🔲 🚐	\$5.00 A	dditional		
	6. Name	and Address of Current	Registered Agent	gistered Agent			5. Certificate of Status Desired \$5.00 Additional Fee Required 7. Name and Address of New Registered Agent					
· WILLIAMSON, JULIE A.S. ESQ						Name						
		ulie a.S. esu Senterfitt & Eidso!	N D A	-	Street Address (P.O. Box Number is Not Acceptable)							
		AVENUE, 28TH FLOO		P.A.					able)			
	MI FL 33131		•••									
					City	 			F	Zip Co	de	
8. The above	named entity	submits this statement fo	r the purpose of changing its	registered	office or re	edistered agen	t or both i	n the State o	_	— (and accept	
the obligat	tions of registe	ered agent.	and perpendicularitying its	+ agiotoroa	0.1100 01 10	ogistored agen	at, or both, i	ii iile Olale 0	irriorida, ra	iri tarriisar wili	г, апо ассерг	
SIGNATURE							٠					
	Signature, typed o	r printed name of registered agent a	and title if applicable. (NOTE	: Registered A	gent signature	required when reins	tating)		DAT			
				OW!!! FE							}	
			Make Check Payabl			rtment of Si	tate				ŀ	
			<u> </u>	By May	1, 2003 —						}	
9.	MGR	MANAGING MEMBE		10.				ADDITIO	NS/CHANG			
NAME	HOLLY, W	N I IAM	Delete	TITLE NAME						Change	☐ Addition	
STREET ADORESS		84TH STREET		STREET A	ADDRESS =	124 All	men	M_				
CITY-ST-ZIP	MIAMI FL	33143		CITY-ST	-ZIP	CORNI	Gab	105,33	134		}	
LILTE	MGR		☐ Delete	TITLE	T					☐ Change	Addition	
NAME STREET ADDRESS		ON, JEFFREY		NAME	,							
CITY-ST-ZIP		28th Street Grove Fl.33133		STREET A	i i							
TITLE	COCONO	GRUVE FL 33 133	□ Delete	TITLE	- 21							
NAME		,	□ neierê	NAME						☐ Change	☐ Addition	
STREET ADDRESS				STREET A	DORESS							
CITY-ST-ZIP				CITY-ST-	-ZIP							
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CITY-ST-ZIP				CITY-ST-	ZIP	· · · · · · · · · · · · · · · · · · ·						
TITLE	!		☐ Delete	TITLE						☐ Change	☐ Addition	
NAME STREET ADDRESS				NAME							ļ	
CITY-ST-ZIP				STREET A								
TITLE	-		<u> </u>	CITY-ST-	ZIF			 -				
NAME			☐ Delete	TITLE NAME						☐ Change	Addition Addition	
STREET ADDRESS				STREET AL	DORESS							
CITY-ST-ZIP				CITY-ST-							1	
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I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, OR AUTHORIZED REPRESENTATIVE

305371-3898