2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

## FILED Jan 29, 2007 08:00 AM DOCUMENT # M05000002319 1. Entity Name **Secretary of State** THE HOLIDAY COURT, LLC Principal Place of Business Mailing Address 4666 MIAN STREET BRIDGEPORT CT 06606 4666 MIAN STREET BRIDGEPORT CT 06606 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suito, Apt. #, etc Suite, Apt. #. etc 1st MOORE CR2E083 (10/06) City & State City & State 4. FEI Number Applied For 55-0893864 Not Applicable Ζιρ Zip Country Country \$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 Namo C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent Signature, typed or printed name of registered again and title if applicable (NOTE: Registered Agent signature required when reinstitling) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. 11111 ШП ☐ Change [ ] Addition MGR Delete NAMI. GANIM, RAYMOND W NAME U00000610628 02/02/07-80028-011 50.00 STREET ADDRESS 4666 MIAN STREET STREET ADDRESS CHY-SI-ZIP CHY-SI-7P BRIDGEPORT CT 06606 HHI ☐ Delete MU ☐ Change Addition NAMI NAM STREET ADDRESS STREEL LADDRESS CHY-SI-7P CHY-S1-7IP 11111 Addition ☐ Delete Change NAMI STREET ADDRESS STREET ADDRESS CITY-SI-7IP CITY-ST-ZIP HILLE Delete HITCE □ Change Addition NAME NAMI STREET ADDRESS STREET ADDRESS CHY-SI-74P CHY+S1-7P mu. ☐ Delete □ Change Addition THIE NAMI. NAMI STREET ADDRESS STREET ADDRESS CHY+S1-7P CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAMI: NAMI STREET LADDRESS STREET ADDRESS CHY-SI-ZIP CHY-ST-7P 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 eath; 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

203 372 7772

Daytime Phone #