

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91517 031 ***150.00

DOCUMENT # P02000112684

1. Entity Name
HOLLY REAL ESTATE, INC.

DO NOT WRITE IN THIS SPACE

10090019

2. Principal Place of Business 724 ALHAMBRA CIRCLE Suite, Apt. #, etc.	3. Mailing Address 724 ALHAMBRA CIRCLE Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State CORAL GABLES, FLA.	City & State CORAL GABLES, FLA.	4. FEI Number 14-1851590	Applied For Not Applicable
Zip 33134	Country U.S.A.	Zip 33134	Country U.S.A.
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name RICHARD A. WOOD, ESQ.
Street Address (P.O. Box Number is Not Acceptable) FOWLER, WHITE, BURNETT, P.A.
100 S.E. 2ND STREET, 17TH FLOOR
City MIAMI
State FL
Zip Code 33131

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HOLLY, WILLIAM 724 ALHAMBRA CIRCLE CORAL GABLES, FLA. 33134	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] 4.24.03 305 777-0300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)