
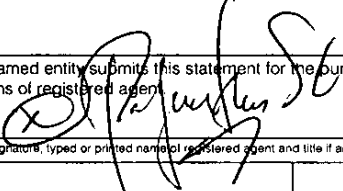
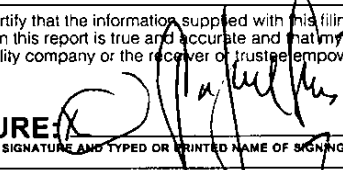


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 13, 2007 8:00 am**  
**Secretary of State**

04-13-2007 90037 028 \*\*\*\*55.00

DOCUMENT # L02000019168			
1. Entity Name HOLIDAY DRIVE ACQUISITION, LLC			
Principal Place of Business 10560 SW 160TH CT MIAMI, FL 33196		Mailing Address 10560 SW 160TH CT MIAMI, FL 33196	
2. Principal Place of Business - No P.O. Box # <b>335 So Biscayne Blvd</b>		3. Mailing Address <b>335 So Biscayne Blvd</b>	
Suite, Apt. #, etc. <b>Suite # 2906</b>		Suite, Apt. #, etc. <b>Suite # 2906</b>	
City & State <b>Miami FL</b>		City & State <b>Miami FL</b>	
Zip <b>33131</b> Country <b>USA</b>		Zip <b>33131</b> Country <b>USA</b>	
4. FEI Number 20-0000769		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		CR2E083 (12/06)	
6. Name and Address of Current Registered Agent  LUCES, RAFAEL 10560 SW 160TH COURT MIAMI, FL 33196		7. Name and Address of New Registered Agent  Name <b>LUCES, RAFAEL</b> Street Address (P.O. Box Number is Not Acceptable) <b>335 So Biscayne Blvd</b> <b>Suite # 2906</b> City <b>Miami</b> FL Zip Code <b>33131</b>	
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  DATE <b>1-31-07</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LUCES, RAFAEL 10560 SW 160TH COURT MIAMI, FL 33196 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>LUCES, RAFAEL</b> <b>335 So Biscayne Blvd</b> <b>Suite # 2906, Miami, FL 33131</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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: 		Date <b>1-31-07</b> Daytime Phone # <b>556-9952</b>	