

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000020720

FILED
Apr 22, 2005
Secretary of State

Entity Name: HOFFMAN, SMITH & ROSS, LLC

Current Principal Place of Business:

5560 TIMQUANA
SUITE 2
JACKSONVILLE, FL 32210

New Principal Place of Business:

P.O BOX 8330
FLEMING ISLAND, FL 32006

Current Mailing Address:

P.O. BOX 24931
JACKSONVILLE, FL 32241

New Mailing Address:

P.O. BOX 8330
FLEMING ISLAND, FL 32006

FEI Number: 20-0991786

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HILL, DEBRA S
8810 GOODBY'S EXECUTIVE DRIVE
JACKSONVILLE, FL 32217 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: ABANDO, LAURIE
Address: 5560 TIQUANA ROAD, SUITE 2
City-St-Zip: JACKSONVILLE, FL 32210

Title: MGR () Delete
Name: LAFROMBOISE, TIMOTHY
Address: 5560 TIQUANA ROAD, SUITE 2
City-St-Zip: JACKSONVILLE, FL 32210

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ABANDO, LAURIE
Address: P.O. BOX 8330
City-St-Zip: FLEMING ISLAND, FL 32006

Title: MGR (X) Change () Addition
Name: LAFROMBOISE, DANNIELLE
Address: P.O. BOX 8330
City-St-Zip: FLEMING ISLAND, FL 32006

I hereby certify that the information supplied with this filing does not qualify for the 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 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 Statutes.

SIGNATURE: LAURA ABANDO

MGR

04/22/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date