

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000065520

**FILED**  
**Apr 30, 2007**  
**Secretary of State**

**Entity Name:** HOGAN AUBURNDALE, LLC

**Current Principal Place of Business:**

101 EAST KENNEDY BOULEVARD STE. 4000  
TAMPA, FL 33602

**New Principal Place of Business:**

16506 POINTE VILLAGE DRIVE  
SUITE 201  
LUTZ, FL 33558

**Current Mailing Address:**

101 EAST KENNEDY BOULEVARD STE. 4000  
TAMPA, FL 33602

**New Mailing Address:**

16506 POINTE VILLAGE DRIVE  
SUITE 201  
LUTZ, FL 33558

**FEI Number:** 20-1599773

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MILLS, RAYMOND E  
101 EAST KENNEDY BOULEVARD STE. 4000  
TAMPA, FL 33602 US

**Name and Address of New Registered Agent:**

MILLS, RAYMOND E  
16506 POINTE VILLAGE DRIVE  
SUITE 201  
LUTZ, FL 33558 US

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:

04/30/2007

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: THE HOGAN GROUP,  
Address: 101 E. KENNEDY BLVD. SUITE 4000  
City-St-Zip: TAMPA, FL 33602

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: THE HOGAN GROUP,  
Address: 16506 POINTE VILLAGE DRIVE  
City-St-Zip: LUTZ, FL 33558

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: RAYMOND E. MILLS

MGRM

04/30/2007

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