

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

04-28-2003 90074 015 *****50.00

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DOCUMENT # L02000018745

1. Entity Name
HOJD INVESTMENTS, L.L.C.



Principal Place of Business
**4690 LIPSCOMB ST. NE #7
PALM BAY FL 32905**

Mailing Address
**4690 LIPSCOMB ST. NE #7
PALM BAY FL 32905**

2. Principal Place of Business
4690 Lipscomb St NE

3. Mailing Address
PO Box 110176

Suite, Apt. #, etc.
Suite # 5

Suite, Apt. #, etc.

City & State
Palm Bay FL

City & State
Palm Bay, FL

4. FEI Number
82-0556165

Applied For
Not Applicable

Zip
32905

Country

Zip
32911-0176

Country

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**MOSLEY, CURTIS R
1221 EAST NEW HAVEN AVE.
MELBOURNE FL 32901**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	Managing member John D. Dorough PO Box 110176 Palm Bay, FL 32911-0176	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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11. 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 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: John D. Dorough **SIGNATURE REQUIRED!** 4/25/03 (721) 725-7418
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)