


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 02, 2006 8:00 am
Secretary of State

02-09-2006 90145 049 ****50.00

DOCUMENT # L00000001574 <small>1. Entity Name</small> THE HOEHN FAMILY (FLORIDA), LLC					
<small>Principal Place of Business</small> 4731 BONITA BAY BLVD, UNIT PH 101 BONITA SPRINGS FL 34134			<small>Mailing Address</small> 4731 BONITA BAY BLVD, UNIT PH 101 BONITA SPRINGS FL 34134		
<small>2. Principal Place of Business</small> Suite, Apt. #, etc.			<small>3. Mailing Address</small> Suite, Apt. #, etc.		
<small>City & State</small>			<small>City & State</small>		
<small>Zip</small>		<small>Country</small>		<small>4. FEI Number</small> 48-1230105	
<small>5. Certificate of Status Desired</small> <input type="checkbox"/> \$5.00 Additional Fee Required				<small>Applied For</small> <input type="checkbox"/> <small>Not Applicable</small>	
<small>6. Name and Address of Current Registered Agent</small> CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525				<small>7. Name and Address of New Registered Agent</small> Name Street Address (P.O. Box Number is Not Acceptable) City	
<small>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.</small>					
<small>SIGNATURE</small> _____ <small>(NOTE: Registered Agent signature required when reinstating)</small> <small>DATE</small> _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006					
<small>9. MANAGING MEMBERS/MANAGERS</small>			<small>10. ADDITIONS/CHANGES</small>		
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	MGRM HOEHN, ROBERT A 11436 HIGH DRIVE LEAWOOD KS 66211-3061	<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	MANAGING MEMBER <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	MGR HOEHN, JUDITH H 11436 HIGH DRIVE LEAWOOD KS 66211-3061	<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	MANAGING MEMBER <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	MGR THE KELLEY M HOEHN IRREVOCABLE TRUST 11436 HIGH DRIVE LEAWOOD KS 66211-3061	<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	MBR MEMBER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	MBR THE MICHAEL R HOEHN IRREVOCABLE TRUST 11436 HIGH DRIVE LEAWOOD KS 66211-3061	<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	MEMBER <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	MBR THE K. SARAH HOEHN IRREVOCABLE TRUST 11436 HIGH DRIVE LEAWOOD KS 66211-3061	<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	MEMBER <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> Delete				
<small>11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 606, Florida Statutes.</small>					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			1/27/05 (239) 949-0573 <small>Date Daytime Phone</small>		



ATTACHMENT

30001558

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 13, 2006

THE HOEHN FAMILY (FLORIDA), LLC
4731 BONITA BAY BLVD, UNIT PH 101
BONITA SPRINGS, FL 34134

Subject: THE HOEHN FAMILY (FLORIDA), LLC

Reference Number: L00000001574

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Provide the title(s) of each manager, managing member or principal listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/CJ

ANNUAL REPORTS SECTION