2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000012207

1. Entity Name
HUDSON FAMILY, LLC



FILED May 02, 2005 08:00 AM Secretary of State

Principal Place of Business

8801 RIVER CROSSING BLVD. NEW PORT RICHEY, FL 34655 Mailing Address

8801 RIVER CROSSING BLVD. NEW PORT RICHEY, FL 34655



DO NOT WRITE IN THIS SPACE

01172005No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3674708

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HUDSON, JOHN E 8801 RIVER CROSSING BLVD. NEW PORT RICHEY, FL 34655

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| | named entity submits this statement for the purpose of chations of registered agent. | nging its registered office or registered agent, or both, in the State | of Florida. I am familiar with, and accept |
|-------------------------------|--|--|---|
| SIGNATURE. | Signature, typed or printed name of registered agent and title if applicable. | (NOTE: Registered Agent signature required when reinstating) | DATE |
| F D | iling Fee is \$50.00 ue by May 1, 2005 | | , |
| 9. | MANAGING MEMBERS/MANAGERS | | |
| TITLE | MGRM | The contract of the contract o | |
| NAME, | HUDSON, JOHN E | | |
| STREET ADDRESS | 8801 RIVER CROSSING BLVD. | | 000358163 |
| CITY-ST-ZIP | NEW PORT RICHEY, FL 34655 | | 06-80102-024 SO.00 |
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| NAME | HUDSON, LEILA J | | |
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| CITY-ST-ZIP | NEW PORT RICHEY, FL 34655 | | |
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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)(1), 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

| SIG | ITAL | JRE: |
|------|------|-------|
| 0101 | **** | J. 1. |

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR FRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #