## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

# FILED Mar 10, 2006 8:00 am Secretary of State 03-10-2006 90128 025 \*\*\*\*50.00

**DOCUMENT # L01000000751** 1. Entity Name HOVERIN' FLORIDA, LLC 20014551 Principal Place of Business Mailing Address 20 N. ORANGE AVE STE 407 4623 W IRLO BRONSON MEMORIAL HWY 192 SUITE 600 ORLANDO, FL 32801 KISSIMMEE, FL 34746 2. Principal Place of Business 4623 W Irlo Bronson Memorial Hwy 192 Suite, Apt. #, etc. Suite, Apt. #, etc 01102006 Chg-LLC CR2E083 (11/05) Suite 600 City & State City & State 4. FEI Number Applied For Kissimmee, FL 59-3693121 Not Applicable Zip 34746 Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HENDRY, STONER, DELANCETT, & BROWN, P.A. Hendry, Stoner, Calandrino & Brown, P.A Street Address (P.O. Box Number is Not Acceptable) 20 N. ORANGE AVENUE SUITE 600 ORLANDO, FL 32801 City Zip Code FL 8. The above named entity submits this statement for the purpose of chapqing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. NO & Brown, P.A. Signature, typed or printed name of n (NOTE: Regist nt signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. MGR TITLE TITLE ☐ Change ☐ Addition MACKLIN, TOM NAMÉ NAME STREET ADDRESS 4623 W IRLO BRONSON MEMORIAL HWY 192 STREET ADDRESS KISSIMMEE, FL 34746 CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 impoward to execute this report as required by Chapter 608, Florida Statutes.

T. MACKLIA

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

407 396 Date

# ATTACHMENT Hendry, Stoner, Calandrino & Brown

PROFESSIONAL ASSOCIATION

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March 8, 2006

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Uniform Business Report
Division of Corporations

Post Office Box 1500 Tallahassee, Florida 32302-1500

Re: 2006 Uniform Business Report (UBR)

To Whom It May Concern:

Enclosed please find the Uniform Business Report for HOVERIN' FLORIDA, LLC., along with a check in the amount of \$50.00 for the filing fee.

Sincerely

Robert R. Hendry

Enclosure

RRH/bob