2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2005
Secretary of State

DOCUMENT# L01000017567

Entity Name: HUDSON HUDSON, LLC

Current Principal Place of Business:

11009 SOUTH ORANGE BLOSSOM TRAIL
ORLANDO, FL 32837

New Principal Place of Business:

13916 LITTLE RD.
HUDSON, FL 34667

Current Mailing Address:

11009 SOUTH ORANGE BLOSSOM TRAIL
ORLANDO, FL 32837

New Mailing Address:

FEI Number: 59-3750168 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PATEL, RAJUL
11009 SOUTH ORANGE BLOSSOM TRAIL
ORLANDO, FL 32837 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title:	MGRM	( ) Delete
Name:	PATEL, RAJUL	
Address:	11009 S ORANGE BLOSSOM NTRAIL	
City-St-Zip:	ORLANDO, FL 32837	
Title:	MGR	( ) Delete
Name:	PATEL, KUNDAN	
Address:	11009 S ORANGE BLOSSOM NTRAIL	
City-St-Zip:	ORLANDO, FL 32837	
Title:	MGR	( ) Delete
Name:	PATEL, DIPEN	
Address:	11009 S ORANGE BLOSSOM NTRAIL	
City-St-Zip:	ORLANDO, FL 32837	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: RAJUL K PATEL MGRM 04/22/2005

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