$50

2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L02000023726

1. Entity Name
HOBBS DOBBS LLC

Principal Place of Business	Mailing Address
509 ANASTASIA BLVD ST AUGUSTINE, FL 32080 US	509 ANASTASIA BLVD ST AUGUSTINE, FL 32080 US

DO NOT WRITE IN THIS SPACE

FILED

05 MAY -3 PM 4:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04252005 No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
91-0573088	Not Applicable

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

6. Name and Address of Current Registered Agent

ROSSIGNO, LF III
509 ANASTASIA BLVD
ST AUGUSTINE, FL 32080

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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

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	ROSSIGNOL, L.F. III
STREET ADDRESS	509 ANASTASIA BLVD
CITY-ST-ZIP	ST AUGUSTINE, FL 32080
TITLE	MGRM
NAME	DONOHUE, MICHAEL
STREET ADDRESS	509 ANASTASIA BLVD
CITY-ST-ZIP	ST AUGUSTINE, FL 32080
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	

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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: _____   4/27/05   (904) 824-9912

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #