


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90021 006 ***150.00

DOCUMENT # L02000023726	
1. Entity Name HOBBS DOBBS LLC	

Principal Place of Business 509 ANASTASIA BLVD ST AUGUSTINE, FL 32080 US	Mailing Address 509 ANASTASIA BLVD ST AUGUSTINE, FL 32080 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 9390 Silverthorn Rd Suite, Apt. #, etc.
City & State Largo FL	City & State Largo FL
Zip 33777	Country



03142006 Chg-LLC CR2E083 (11/05)

4. FEI Number 91-0573088	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent ROSSIGNOL, LF III 509 ANASTASIA BLVD ST AUGUSTINE, FL 32080	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 9390 Silverthorn Rd. City Largo FL Zip Code 33777
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROSSIGNOL, L.F. III 509 ANASTASIA BLVD ST AUGUSTINE, FL 32080 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	9390 Silverthorn Rd. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Largo FL 33777
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DONOHUE, MICHAEL 509 ANASTASIA BLVD ST AUGUSTINE, FL 32080 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	9390 Silverthorn Rd. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Largo FL 33777
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

[Signature]

2/18/06

727-393-2875