

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000024251

FILED
Apr 27, 2005
Secretary of State

Entity Name: HOBSON, BISHOFF & DOWDY, PLLC

Current Principal Place of Business:

201 EAST KENNEDY BLVD.
520
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

201 EAST KENNEDY BLVD.
520
TAMPA, FL 33602

New Mailing Address:

FEI Number: 01-0745295 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

GOODWIN, JAMES W
400 NORTH TAMPA ST.
2300
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

GOODWIN, JAMES W
201 NORTH FRANKLIN AVENUE
2000
TAMPA, FL 33602 US

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: _____ 04/27/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: DOWDY, MICHAEL
Address: 201 E. KENNEDY BLVD., #520
City-St-Zip: TAMPA, FL 33602

Title: MGR () Delete
Name: HOBSON, THOMAS R
Address: 3409 W. FLETCHER AVE.
City-St-Zip: TAMPA, FL 33618

Title: MGR () Delete
Name: BISHOFF, DUANE B
Address: 3409 W. FLETCHER AVE.
City-St-Zip: TAMPA, FL 33618

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: MICHAEL DOWDY MGR 04/27/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date