

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000031315

FILED
Mar 29, 2005
Secretary of State

Entity Name: HODGE & SUN GETAWAY, L.L.C.

Current Principal Place of Business:

800 BAYWAY BLVD., UNIT 20
CLEARWATER BEACH, FL 33767

New Principal Place of Business:

Current Mailing Address:

800 BAYWAY BLVD., UNIT 20
CLEARWATER BEACH, FL 33767

New Mailing Address:

FEI Number: 02-0661730

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SKRIVAN, KENT A ESQ.
845 S. GULFVIEW 204
CLEARWATER BEACH, FL 33767 US

Name and Address of New Registered Agent:

HODGE, DONNA M MGR
845 S. GULFVIEW 204
CLEARWATER BEACH, FL 33767 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: DONNA M. HODGE

03/29/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: HODGE, JUSTIN M
Address: PO BOX 17
City-St-Zip: FENTON, MI 48430

Title: MGR () Delete
Name: MITCHELL, JAMES B II
Address: PO BOX 17
City-St-Zip: FENTON, MI 48430

Title: MGR () Delete
Name: HODGE, NICOLAS H
Address: PO BOX 17
City-St-Zip: FENTON, MI 48430

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: JUSTIN M. HODGE

MGRM

03/29/2005

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