2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000005053

Entity Name: HOSKINS & TURCO, P.L.

City-St-Zip:

FILED Feb 05, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: MCCARTY BUILDING 302 SOUTH SECOND STREET FORT PIERCE, FL 34950 **New Mailing Address: Current Mailing Address:** MCCARTY BUILDING 302 SOUTH SECOND STREET FORT PIERCE, FL 34950 FEI Number: 26-0058436 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HOSKINS, STEPHEN P ESQ. MCCARTY BUILDING 302 SOUTH SECOND STREET FORT PIERCE, FL 34950 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: MGR () Delete (X) Change () Addition LLOYD, COLIN V HOSKINS, STEPHEN P Name: Name: 302 SOUTH SECOND STREET Address: 302 SOUTH SECOND STREET Address: City-St-Zip: FORT PIERCE, FL 34950 City-St-Zip: FORT PIERCE, FL 34950 Title: MGR () Delete Title: () Change () Addition Name: TURCO, LOUIS D Name: Address: 10570 S. FEDERAL HWY, STE, 102 Address: City-St-Zip: PORT SAINT LUCIE, FL 34952 City-St-Zip: Title: () Delete Title: MGR () Change (X) Addition LLOYD, COLIN V Name: Name: Address: Address: 302 S. 2ND STREET City-St-Zip: City-St-Zip: FORT PIERCE, FL 34950 () Change (X) Addition Title: () Delete Title: MGR Name: Name: LLOYD, IAN T Address: Address: 302 S. 2ND STREET FORT PIERCE, FL 34950

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

City-St-Zip:

SIGNATURE: STEPHEN P. HOSKINS 02/05/2009