

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90149 005 ***138.75

DOCUMENT # L03000011638					
1. Entity Name MICHAEL D. HOGAN, LLC					
Principal Place of Business 101 E. KENNEDY BLVD, SUITE 4000 TAMPA, FL 33602-5152			Mailing Address 101 E. KENNEDY BLVD, SUITE 4000 TAMPA, FL 33602-5152		
2. Principal Place of Business - No P.O. Box # 7781 STILL LAKES DR		3. Mailing Address 7781 STILL LAKES DR			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02212008 Chg-LLC CR2E083 (12/06)	
City & State Odessa, FL		City & State Odessa, FL		4. FEI Number NOT APPLICABLE	
Zip 33556 Country USA		Zip 33556 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HOGAN, MICHAEL D 401 E. KENNEDY BLVD, SUITE 4000 TAMPA, FL 33602-5152			7. Name and Address of New Registered Agent Name: Michael D. Hogan Street Address (P.O. Box Number is Not Acceptable): 7781 STILL LAKES DR. City: Odessa FL Zip Code: 33556		
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: Michael D. Hogan 4/14/08 <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGR NAME HOGAN, MICHAEL D STREET ADDRESS 101 E. KENNEDY BLVD, STE 4000 CITY-ST-ZIP TAMPA, FL 33602	<input type="checkbox"/> Delete		TITLE MGR NAME Hogan, Michael D. STREET ADDRESS 7781 STILL LAKES DR. Odessa, FL 33556	<input checked="" 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	
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	
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: Michael D. Hogan				4/14/08 813.274-8800 <small>Date Daytime Phone #</small>	