

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/21

FILED
May 07, 2004 8:00 am
Secretary of State

04-20-2004 90186 022 ****50.00

DOCUMENT # L03000016689 1. Entity Name HOBO, L.L.C.			
Principal Place of Business 3660 SW 195TH AVE. MIRAMAR, FL 33029-5887		Mailing Address 3660 SW 195TH AVE. MIRAMAR, FL 33029-5887	
2. Principal Place of Business 809 LINCOLN RD.		3. Mailing Address 809 LINCOLN RD.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI BEACH, FL		City & State MIAMI BEACH, FL	
Zip 33139		Zip 33139	
Country USA		Country USA	
4. FEI Number 61-1449313		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 HOOKS, LEWIS EDDY 3660 SW 195TH AVE. MIRAMAR, FL 33029-5887		7. Name and Address of New Registered Agent HOOKS, LEWIS EDDY Street Address (P.O. Box Number is Not Acceptable) 19111 COLLINS AVE. #2003 SUNNY ISLES BEACH, FL Zip Code 33160	
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 <u><i>Lewis Eddy Hooks - President</i></u> DATE <u>04/16/04</u> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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
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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
11. I hereby certify that the information supplied with this filing does not qualify 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 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: <u><i>Lewis Eddy Hooks</i></u>		DATE: <u>04/16/04</u> PHONE: <u>305-466-0869</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE <u><i>President</i></u>		DATE DAYTIME PHONE #	

34005452



04162004 Chg-LLC CR2E083 (10/03)