


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State


04-14-2005 90031 027 ****50.00

DOCUMENT # L03000016689	
1. Entity Name HOB0, L.L.C.	

Principal Place of Business 809 LINCOLN RD. MIAMI BEACH, FL 33139	Mailing Address 809 LINCOLN RD. MIAMI BEACH, FL 33139
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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6. Name and Address of Current Registered Agent HOOKS, LEWIS EDDY 19111 COLLINS AVE., #2003 SUNNY ISLES BEACH, FL 33060	
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04032005 Chg-LLC	CR2E083 (10/03)
4. FEI Number 61-1449212	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

7. Name and Address of New Registered Agent Name: <u>HOOKS, LEWIS EDDY</u> Street Address (P.O. Box Number is Not Acceptable): <u>19111 COLLINS AVE. #2003</u> City & State: <u>SUNNY ISLES BEACH FL</u> Zip: <u>33160</u>	
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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>[Signature]</u>	DATE: <u>04/11/05</u>

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOOKS, LEWIS EDDY 19111 COLLINS AVE., #2003 SUNNY ISLES BEACH, FL 33160 <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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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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>[Signature]</u>	DATE: <u>04/11/05</u>	DAYTIME PHONE: <u>305-466-0869</u>
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LEWIS EDDY HOOKS MGRM