


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90038 025 \*\*\*\*50.00

<b>DOCUMENT # L03000016689</b> 1. Entity Name <b>HOBO, L.L.C.</b>					
Principal Place of Business <b>809 LINCOLN RD. MIAMI BEACH, FL 33139</b>			Mailing Address <b>809 LINCOLN RD. MIAMI BEACH, FL 33139</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>HOOKS, LEWIS EDDY 19111 COLLINS AVE., #2003 SUNNY ISLES BEACH, FL 33060</b>				7. Name and Address of New Registered Agent  <b>IRENE HOOKS 3000 ISLAND BLVD. #503 AVENTURA FL 33160</b>	
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 <b>IRENE G HOOKS</b> <small>Signature, typed or printed name of registered agent and file if applicable.</small>		DATE <b>4-28-06</b> <small>(NOTE: Registered Agent signature required when reappointing)</small>			
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
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		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM IRENE HOOKS 3000 ISLAND BLVD #503 AVENTURA, FL 33160	
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	
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: <b>IRENE G HOOKS</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			DATE <b>4-16-06</b> <small>Daytime Phone #</small>		