


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90072 040 ****50.00

DOCUMENT # L03000025399 1. Entity Name HOSANNA LLC					
Principal Place of Business 15 N. CORAL REEF CT PALM COAST, FL 32137			Mailing Address 15 N. CORAL REEF CT PALM COAST, FL 32137		
2. Principal Place of Business 15 N. CORAL REEF CT Suite, Apt. #, etc.		3. Mailing Address SAME Suite, Apt. #, etc.			
City & State PALM COAST, FL Zip 32137		City & State Zip Country USA		4. FEI Number 33-106-4353 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				03182004 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent LAUGHLIN, KENNETH F 15 N. CORAL REEF CT PALM COAST, FL 32137			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title 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	OWNER <div style="border: 1px solid black; padding: 5px; margin: 5px;"> Kenneth F. Laughlin 15 N. Corral Reef Court Palm Coast, FL 32137 </div> <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>KENNETH LAUGHLIN</u>			Date <u>4-25-04</u> Daytime Phone # <u>386-786-3100</u>		