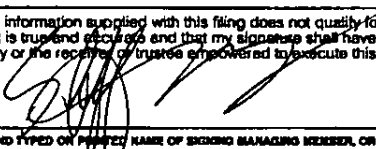


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

8/1

FILED
Aug 29, 2005 8:00 am
Secretary of State

08-11-2005 90066 045 ****61.25

DOCUMENT # L03000026718		
1. Entity Name HOTZSPOTZ, LLC		
Principal Place of Business 909 NW 87TH DRIVE GAINESVILLE, FL 32606 US		Mailing Address PO BOX 12665 GAINESVILLE, FL 32604 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent JONES, STAFFORD 909 NW 87TH DRIVE GAINESVILLE, FL 32606		DO NOT WRITE IN THIS SPACE
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____		
Filing Fee is \$50.00 Due by September 7, 2005		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR JONES, STAFFORD PO BOX 12665 GAINESVILLE, FL 32604	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		
DO NOT WRITE IN THIS SPACE		
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 808, Florida Statutes.		
SIGNATURE: 		Date: 08-26-05 Daytime Phone #: 352-256-9379
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		