

# **2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L03000029783

Entity Name: HOJC HOLDINGS, LLC

**FILED**  
**Aug 06, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

1200 N. FEDERAL HIGHWAY, SUITE 207  
BOCA RATON, FL 33432

**New Principal Place of Business:**

4733 WEST ATLANTIC AVENUE, C-18  
DELRAY BEACH, FL 33445

**Current Mailing Address:**

1200 N. FEDERAL HIGHWAY, SUITE 207  
BOCA RATON, FL 33432

**New Mailing Address:**

4733 WEST ATLANTIC AVENUE, C-18  
DELRAY BEACH, FL 33445

FEI Number: 20-1774780

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PAZ, NANCY  
1200 N. FEDERAL HIGHWAY, SUITE 207  
BOCA RATON, FL 33432 US

**Name and Address of New Registered Agent:**

DAVIDSON, DAVID  
4733 WEST ATLANTIC AVENUE, C-18  
DELRAY BEACH, FL 33445 US

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.

SIGNATURE: DAVID DAVIDSON

08/06/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: MID SOUTH, LTD.,  
Address: 1200 N. FEDERAL HIGHWAY, SUITE 207  
City-St-Zip: BOCA RATON, FL 33432

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: MID SOUTH, LTD.,  
Address: 4733 WEST ATLANTIC AVENUE  
City-St-Zip: DELRAY BEACH, FL 33445

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DAVID DAVIDSON

MGR

08/06/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date