

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90069 017 ****50.00

DOCUMENT # L03000030859			
1. Entity Name HFFV, LLC		Principal Place of Business 173 S. SEWALL'S POINT ROAD STUART, FL 34996	
Mailing Address 173 S. SEWALL'S POINT ROAD STUART, FL 34996		2. Principal Place of Business 1485 SE St. Lucie Blvd Suite, Apt. #, etc.	
3. Mailing Address 1485 SE St. Lucie Blvd Suite, Apt. #, etc.		4. FEI Number 550837444	
City & State Stuart, FL		City & State Stuart, FL	
Zip 34996		Zip 34996	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent HOFFLER, OSWALD W JR. 173 S. SEWALL'S POINT ROAD STUART, FL 34996		7. Name and Address of New Registered Agent Name: OSWALD W. HOFFLER, JR. Street Address (P.O. Box Number is Not Acceptable): 1485 SE St. Lucie Blvd City: Stuart FL Zip Code: 34996	
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. <i>Change of address</i>			
SIGNATURE <i>Oswald W. Hoffler</i> <small>Signature, typed or printed name of registered agent, if applicable.</small>		DATE 3/22/04 <small>(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 MGRM NAME HOFFLER, OSWALD W JR. STREET ADDRESS 173 S. SEWALL'S POINT ROAD CITY-ST-ZIP STUART, FL 34996	<input type="checkbox"/> Delete	TITLE MGRM NAME OSWALD W. HOFFLER, JR. STREET ADDRESS 1485 SE St. Lucie Blvd CITY-ST-ZIP Stuart, FL 34996	<input checked="" 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: <i>Oswald W. Hoffler</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		DATE 3/22/04 Daytime Phone # 772-283-8355	