

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

03-19-2004 90269 004 ****50.00

DOCUMENT # L03000042220	
1. Entity Name HOCH & HARPER MANAGEMENT ASSOCIATES, LLC	

Principal Place of Business 233 CROOKED COURT JACKSONVILLE, FL 32259	Mailing Address 233 CROOKED COURT JACKSONVILLE, FL 32259
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34004596



2. Principal Place of Business 12627 San Jose Blvd Suite, Apt. #, etc. 302	3. Mailing Address P.O. 600652 Suite, Apt. #, etc.
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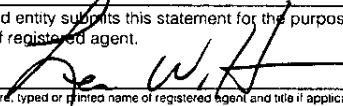
04222004 Chg-LLC CR2E083 (10/03)

City & State Jacksonville, FL	City & State Jacksonville, FL
Zip 32223	Country DAVAL
Zip 32260	Country ST. JOHNS

4. FEI Number 20-0371090	Applied For Not Applicable
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5. Certificate of Status Desired - <input type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent HARPER, AARON M 233 CROOKED COURT JACKSONVILLE, FL 32259	7. Name and Address of New Registered Agent Name LEWIS W. HARPER Street Address (P.O. Box Number is Not Acceptable) 12627 San Jose Blvd Ste 302 City Jacksonville FL Zip Code 32223
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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  DATE 4-22-04
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Filing Fee is \$50.00 Due by May 1, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HARPER, DEBRA S 233 CROOKED COURT JACKSONVILLE, FL 32259 <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	MGR HARPER, AARON M 233 CROOKED COURT JACKSONVILLE, FL 32259 <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	MGR HARPER, LEWIS W 233 CROOKED COURT JACKSONVILLE, FL 32259 <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
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: 	Date 4-22-04
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