


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90075 049 \*\*\*\*50.00

<b>DOCUMENT # L03000042220</b>		
1. Entity Name <b>HOCH &amp; HARPER MANAGEMENT ASSOCIATES, LLC</b>		

Principal Place of Business <b>12627 SAN JOSE BLVD # 302 JACKSONVILLE, FL 32223</b>	Mailing Address <b>P.O. BOX 600652 JACKSONVILLE, FL 32260</b>
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2. Principal Place of Business <b>6817 Southpoint Parkway</b>		3. Mailing Address	
Suite, Apt. #, etc. <b>1804</b>		Suite, Apt. #, etc.	
City & State <b>Jacksonville FL</b>		City & State	
Zip <b>32216</b>	Country <b>USA</b>	Zip	Country

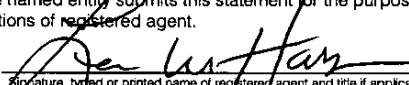


04082005 Chg-LLC CR2E083 (10/03)

4. FEI Number <b>20-0371090</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

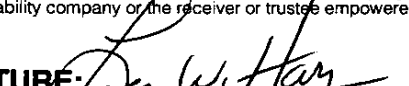
6. Name and Address of Current Registered Agent <b>HARPER, LEWIS W 12627 SAN JOSE BLVD STE 302 JACKSONVILLE, FL 32223</b>	
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7. Name and Address of New Registered Agent Name <b>LEWIS W. HARPER</b> Street Address (P.O. Box Number is Not Acceptable) <b>6817 Southpoint Parkway, STE 1804</b> City <b>Jacksonville</b> <b>FL</b> Zip Code <b>32216</b>	
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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 <b>4-9-05</b>

<b>Filing Fee is \$50.00 Due by May 1, 2005</b>	<b>Make check payable to Florida Department of State</b>
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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:  <b>LEWIS W. HARPER MGR/MGR</b>	Date <b>4-9-05</b> Daytime Phone # <b>904-886-9270</b>