

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000042220

FILED  
Apr 17, 2008  
Secretary of State

Entity Name: HOCH & HARPER MANAGEMENT ASSOCIATES, LLC

## Current Principal Place of Business:

6817 SOUTHPOINT PARKWAY  
# 1804  
JACKSONVILLE, FL 32216

## New Principal Place of Business:

233 CROOKED COURT  
JACKSONVILLE, FL 32259 US

## Current Mailing Address:

P.O. BOX 600652  
JACKSONVILLE, FL 32260

## New Mailing Address:

P.O. BOX 600652  
JACKSONVILLE, FL 32260 US

FEI Number: 20-0371090

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HARPER, LEWIS W  
6817 SOUTHPOINT PARKWAY  
STE 1804  
JACKSONVILLE, FL 32216 US

## Name and Address of New Registered Agent:

HARPER, LEWIS W  
233 CROOKED COURT  
JACKSONVILLE, FL 322600652 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: LEWIS W. HARPER

04/17/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: HARPER, DEBRA S  
Address: 233 CROOKED COURT  
City-St-Zip: JACKSONVILLE, FL 32259

Title: MGR (X) Delete  
Name: HARPER, AARON M  
Address: 233 CROOKED COURT  
City-St-Zip: JACKSONVILLE, FL 32259

Title: MGR ( ) Delete  
Name: HARPER, LEWIS W  
Address: 233 CROOKED COURT  
City-St-Zip: JACKSONVILLE, FL 32259

Title: MGR (X) Delete  
Name: HARPER, JARED A  
Address: 233 CROOKED COURT  
City-St-Zip: JACKSONVILLE, FL 32259

Title: MGR (X) Delete  
Name: HARPER, CHARIS R  
Address: 233 CROOKED COURT  
City-St-Zip: JACKSONVILLE, FL 32259

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: HARPER, DEBRA S  
Address: P.O BOX 600652  
City-St-Zip: JACKSONVILLE, FL 32260 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR (X) Change ( ) Addition  
Name: HARPER, LEWIS W  
Address: P.O. BOX 600652  
City-St-Zip: JACKSONVILLE, FL 32260 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: LEWIS W. HARPER

MGR

04/17/2008

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