2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Apr 26, 2005 08:00 AM Secretary of State DOCUMENT # L03000042757 1. Entity Name HOBOJO REALTY, LLC Principal Place of Business Mailing Address 1111 N.W. 159TH DR. 1111 N.W. 159TH DR. MIAMI, FL 33169 MIAMI, FL 33169 01052005 No Cha-LLC CB2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number NOT APPLICABLE Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent OXENBERG, HARVEY DO NOT WRITE 1111 N.W. 159TH DR. MIAMI, FL 33169 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent Signature required when reinstating) U00000332348 Filing Fee is \$50.00 Due by May 1, 2005 04/26/05-80054-019 50.00 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE OXENBERG, HARVEY NAME 1111 NW 159TH DRIVE STREET ADDRESS MIAMI, FL 33169 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 by execute this report as required by Chapter 608, Florida Statutes.

FILED