


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000049752 1. Entity Name HOWARD HOHMAN, L.L.C.	
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Principal Place of Business 8535 MOCKINGBIRD LANE N SEMINOLE, FL 33777	Mailing Address 8535 MOCKINGBIRD LANE N SEMINOLE, FL 33777
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DO NOT WRITE IN THIS SPACE

02122006 No Chg-LLC	CR2E083 (11/05)
4. FEI Number 59-3258554	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent HOHMAN, HOWARD 8535 MOCKINGBIRD LANE N SEMINOLE, FL 33777

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

U000000475853
04/05/06-80033-011 55.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOHMAN, HOWARD 8535 MOCKINGBIRD LANE N SEMINOLE, FL 33777
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Howard Hohman **3-15-06 301-4684**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone If