

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 28, 2007 8:00 am**  
**Secretary of State**

02-28-2007 90150 034 \*\*\*\*50.00

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02232007 Chg-LLC CR2E083 (12/06)

<b>DOCUMENT # L03000055650</b> 1. Entity Name <b>HOBDEN TENNIS LLC</b>					
Principal Place of Business <b>7566 CITRUS HILL LANE NAPLES, FL 34109</b>			Mailing Address <b>7566 CITRUS HILL LANE NAPLES, FL 34109</b>		
2. Principal Place of Business - No P.O. Box # <b>5450 YMCA ROAD</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>NAPLES FLORIDA</b>		City & State Suite, Apt. #, etc.		4. FEI Number <b>56-2426166</b>	
Zip <b>34109</b>		Country <b>U.S.A.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LARSON ALLEN, LLC. 4099 TAMiami TRAIL NORTH SUITE #200 NAPLES, FL 34109</b>				7. Name and Address of New Registered Agent Name <b>Brett Hobden</b> Street Address (P.O. Box Number is Not Acceptable) <b>7566 Citrus Hill Lane</b> City <b>Naples</b> <b>FL</b> Zip Code <b>34109</b>	
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 <u><i>Brett Hobden</i></u> DATE <u>02/23/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM HOBDEN, BRETT 7566 CITRUS HILL LANE NAPLES, FL 34109</b>	<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"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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 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 606, Florida Statutes.					
SIGNATURE: <u><i>Brett Hobden</i></u> DATE <u>02/23/07</u> (239) 269-6713 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #</small>					