


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90026 028 \*\*\*\*50.00

|   |   |
|---|---|
| <b>DOCUMENT # L04000021543</b><br>1. Entity Name<br>HOJO, LLC |  |
|---|---|

|   |   |
|---|---|
| Principal Place of Business<br>10859 EMERALD COAST PARKWAY W.<br>#4-430<br>DESTIN, FL 32550 | Mailing Address<br>10859 EMERALD COAST PARKWAY W.<br>#4-430<br>DESTIN, FL 32550 |
|---|---|

20008373



04162007 No Chg-LLC CR2E083 (11/05)

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|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>90-0155149 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

JAY, STEVEN  
36474A EMERALD COAST PARKWAY, SUITE 1201  
DESTIN, FL 32541

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

| 9. MANAGING MEMBERS/MANAGERS                   |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>JONES, CYNTHIA L<br>10859 EMERALD COAST PARKWAY #4/430<br>MIRAMAR BEACH, FL 32550      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>JONES, DENNIS A<br>10859 EMERALD COAST PARKWAY, #4/430<br>MIRAMAR BEACH, FL 32550      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>JONES, CHRISTOPHER R<br>10859 EMERALD COAST PARKWAY, #4-430<br>MIRAMAR BEACH, FL 32550 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

**DO NOT WRITE  
IN THIS SPACE**

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** Christopher Jones 04/17/07 830-654-2011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #