

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

5/4

**FILED**  
**Jun 05, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90025 017 \*\*\*\*50.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                             |                                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # L04000022462</b><br>1. Entity Name<br><b>HOBO RANCH, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                             |  |
| Principal Place of Business<br><b>P.O. BOX 28620<br/>JACKSONVILLE, FL 32226</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Mailing Address<br><b>P.O. BOX 28620<br/>JACKSONVILLE, FL 32226</b>         |                                                                                   |
| <b>DO NOT WRITE IN THIS SPACE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                             |                                                                                   |
| 6. Name and Address of Current Registered Agent<br><b>AKEL, DANIEL D<br/>ONE INDEPENDENT DRIVE<br/>STE. 2301<br/>JACKSONVILLE, FL 32202-5059</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                             | <b>DO NOT WRITE<br/>IN THIS SPACE</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.<br><br>SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                                                            |                                                                             |                                                                                   |
| Filing Fee is \$50.00<br>Due by May 1, 2006                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                             |                                                                                   |
| <b>9. MANAGING MEMBERS/MANAGERS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                             | <b>DO NOT WRITE<br/>IN THIS SPACE</b>                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>MGR<br/>SHAW, HOWARD J<br/>P.O. BOX 28620<br/>JACKSONVILLE, FL 32226</b> |                                                                                   |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                             |                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                             |                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                             |                                                                                   |
| 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.<br><br><b>SIGNATURE:</b> <u><i>Howard J Shaw</i></u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> |                                                                             |                                                                                   |

30009526



03102006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**20-0907228**

Applied For  
Not Applicable

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

6/2/06  
Date

904-745-1591  
Daytime Phone #