2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 22, 2007 8:00 am
Secretary of State
01-23-2007 90056 026 ****50.00

DOCUMENT # L04000022462

1. Entity Name
HOBO RANCH, LLC

Principal Place of Business	Mailing Address
P.O. BOX 28620 JACKSONVILLE, FL 32226	P.O. BOX 28620 JACKSONVILLE, FL 32226

01122007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0907228
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~AKEL, DANIEL D~~
~~ONE INDEPENDENT DRIVE~~
~~STE 2301~~
~~JACKSONVILLE, FL 32202 5059~~

Howard Shaw
~~8648 Hobo~~ 841 Virginia St
Jacksonville FL 32208

DO NOT WRITE 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 Howard Shaw Howard Shaw 1/19/07
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, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SHAW, HOWARD J
STREET ADDRESS	P.O. BOX 28620
CITY-ST-ZIP	JACKSONVILLE, FL 32226
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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: Howard Shaw - MANAGING MEMBER 1/19/07 904-768-3591
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Howard Shaw