

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000022462

FILED
Jan 12, 2009
Secretary of State

Entity Name: HOBO RANCH, LLC

Current Principal Place of Business:

P.O. BOX 28620
JACKSONVILLE, FL 32226

New Principal Place of Business:

821 VIRGINIA ST
JACKSONVILLE, FL 32208 US

Current Mailing Address:

P.O. BOX 28620
JACKSONVILLE, FL 32226

New Mailing Address:

P.O. BOX 28620
JACKSONVILLE, FL 32226 US

FEI Number: 20-0907228

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHAW, HOWARD
821 VIRGINIA ST
JACKSONVILLE, FL 322025059 US

Name and Address of New Registered Agent:

SHAW, HOWARD J MGRM
821 VIRGINIA ST
JACKSONVILLE, FL 322025059 US

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.

SIGNATURE: HOWARD J SHAW

01/12/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SHAW, HOWARD J
Address: P.O. BOX 28620
City-St-Zip: JACKSONVILLE, FL 32226

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SHAW, HOWARD J MGRM
Address: 821 VIRGINIA ST
City-St-Zip: JACKSONVILLE, FL 32208 US

Title: MGR () Change (X) Addition
Name: WIDLAK-SHAW, BOZENA MGR
Address: 821 VIRGINIA ST
City-St-Zip: JACKSONVILLE, FL 32208 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 J SHAW

MGRM

01/12/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date