

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000077045

FILED
Apr 28, 2005
Secretary of State

Entity Name: HEDSON LLC

Current Principal Place of Business:

229 CORONADO DRIVE
CLEARWATER, FL 33767 US

New Principal Place of Business:

669 MANDALAY AVE
CLEARWATER, FL 33767 US

Current Mailing Address:

229 CORONADO DRIVE
CLEARWATER, FL 33767 US

New Mailing Address:

669 MANDALAY AVE
CLEARWATER, FL 33767 US

FEI Number: 20-1767698

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEDQUIST, GUNNAR
229 CORONADO DRIVE
CLEARWATER, FL 33767 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: HEDQUIST, GUNNAR
Address: 229 CORONADO DRIVE
City-St-Zip: CLEARWATER, FL 33767 US

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

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

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: LARSSON, LARS-OLOF
Address: 669 MANDALAY AVE
City-St-Zip: CLEARWATER BEACH, FL 33767 US

Title: MGR () Change (X) Addition
Name: LARSSON, ANN-CHRISTINE
Address: 669 MANDALAY AVE
City-St-Zip: CLEARWATER BEACH, FL 33767 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LARS-OLOF LARSSON

MGR

04/28/2005

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