2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000001580

Entity Name: HOBROS PROPERTIES, LLC

Current Principal Place of Business:	**New Principal Place of Business:**
4482 SW LONG BAY DRIVE PALM CITY, FL 34990 US	

Current Mailing Address:	**New Mailing Address:**
4482 SW LONG BAY DRIVE PALM CITY, FL 34990 US	

FEI Number: 20-2113021   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
DAVIS, RICHARD T 901 N. OLIVE AVENUE WEST PALM BEACH, FL 33401 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: _____

       Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM ( ) Delete
Name:	HOHMAN, RICHARD B
Address:	4482 SW LONG BAY DRIVE
City-St-Zip:	PALM CITY, FL 34990 US

Title:	MGRM ( ) Delete
Name:	HOHMAN, HOWARD J
Address:	616 HACKBERRY RIDGE DRIVE
City-St-Zip:	MCKINNEY, TX 75070 US

Title:	MGRM ( ) Delete
Name:	HOHMAN, PERRY J
Address:	1604 BAY POINT DRIVE
City-St-Zip:	VIRGINIA BEACH, VA 23454 US

ADDITIONS/CHANGES:

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

Title:	MGRM (X) Change ( ) Addition
Name:	HOHMAN, HOWARD J
Address:	500 ROSEBURY CIRCLE
City-St-Zip:	MCKINNEY, TX 75071 US

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

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: RICHARD B HOHMAN   MR.   01/12/2009

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