


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
May 12, 2006 8:00 am
Secretary of State

04-24-2006 90039 034 ****50.00

DOCUMENT # L05000003942 1. Entity Name HOFMANN PROPERTIES, LLC					
Principal Place of Business 12690 HIGHWAY 25 OCKLAWAHA, FL 32179			Mailing Address 12690 HIGHWAY 25 OCKLAWAHA, FL 32179		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
8. Name and Address of Current Registered Agent HOFMANN, HENRY P 12690 HIGHWAY 25 OCKLAWAHA, FL 32179				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
4. FEI Number 30-2161163					
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. 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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HOFMANN, HENRY P 12690 HIGHWAY 25 OCKLAWAHA, FL 32179 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u>Henry P. Hofmann</u>			<u>4/18/06</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		