

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000015780

FILED
Jul 18, 2008
Secretary of State

Entity Name: THE HOSKINSON GROUP LLC

Current Principal Place of Business:

13820 OLD ST. AUGUSTINE RD, STE 113-144
JACKSONVILLE, FL 32258

New Principal Place of Business:

13820 OLD ST. AUGUSTINE RD.
SUITE 113-144
JACKSONVILLE, FL 32258

Current Mailing Address:

13820 OLD ST. AUGUSTINE RD, STE 113-144
JACKSONVILLE, FL 32258

New Mailing Address:

13820 OLD ST. AUGUSTINE RD,
SUITE 113-144
JACKSONVILLE, FL 32258

FEI Number: 84-1670669 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BAILIS, RONALD S
90 CHAMPIONS WAY
ST. AUGUSTINE, FL 32092 US

Name and Address of New Registered Agent:

BAILIS, RONALD S
13820 OLD ST. AUGUSTINE RD.
SUITE 113-144
ST. AUGUSTINE, FL 32092 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: RONALD S. BAILIS

07/18/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GORDON, HOSKINSON
Address: 13820 OLD ST. AUGUSTINE RD, STE 113-144
City-St-Zip: JACKSONVILLE, FL 32258

ADDITIONS/CHANGES:

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: GORDON HOSKINSON

MGRM

07/18/2008

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