

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000015780

FILED
Apr 21, 2010
Secretary of State

Entity Name: THE HOSKINSON GROUP LLC

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 84-1670669

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

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

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

Title: P
Name: GORDON, HOSKINDON
Address: 13820 OLD ST. AUGUSTINE RD, STE 113-144
City-St-Zip: JACKSONVILLE, FL 32258

Title: VP
Name: RONALD, BAILIS S
Address: 13820 OLD ST. AUGUSTINE RD, STE 113-144
City-St-Zip: JACKSONVILLE, FL 32258

Title: VP
Name: JAY, CULBERTH
Address: 13820 OLD ST. AUGUSTINE RD, STE 113-144
City-St-Zip: JACKSONVILLE, FL 32258

Title: VP
Name: DENNIS, PATRICK
Address: 13820 OLD ST. AUGUSTINE RD, STE 113-144
City-St-Zip: JACKSONVILLE, FL 32258

I hereby 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

04/21/2010

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