

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 06, 2006 8:00 am
Secretary of State

03-27-2006 90052 022 ****50.00

DOCUMENT # L05000016104

1. Entity Name

HOBBOJO INVESTMENT, LLC



Principal Place of Business

**1111 N.W. 159TH DRIVE
MIAMI FL 33169**

Mailing Address

**1111 N.W. 159TH DRIVE
MIAMI FL 33169**

00004000



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 69-4211

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/05)

City & State

City & State

MIAMI, FLA.

4. FEI Number

26-1748992

Applied For

Not Applicable

Zip

Country

Zip

33269-4211

Country

USA

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**OXENBERG, HARVEY
1111 N.W. 159TH DRIVE
MIAMI FL 33169**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when necessary)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGRM
HARVEY OXENBERG
1111 NW 159 DR.
MIAMI FLA 33169**

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

HARVEY OXENBERG

3/16/06

Date

305-621-7600 X123

Company Phone #