

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000050069

Entity Name: HOKEY POKEY, LLC

FILED
May 01, 2006
Secretary of State

Current Principal Place of Business:

5532 NW 43RD STREET
SUITE A
GAINESVILLE, FL 32653

New Principal Place of Business:

Current Mailing Address:

5532 NW 43RD STREET
SUITE A
GAINESVILLE, FL 32653

New Mailing Address:

FEI Number: FEI Number Applied For (X) 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:

Name and Address of New Registered Agent:

KIMBERLY G. BOSSHARDT, P.A.
5532 NW 43RD STREET
SUITE A
GAINESVILLE, FL 32653 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: BOSSHARDT, CAROL
Address: 3950 SW 98TH TERR
City-St-Zip: GAINESVILLE, FL 32653

Title: MGRM () Delete
Name: LODUCA, SUMMER
Address: 8209 SW 52ND LANE
City-St-Zip: GAINESVILLE, FL 32608

Title: MGRM () Delete
Name: BOSSHARDT, KIMBERLY
Address: 3808 SW 98TH TERRACE
City-St-Zip: GAINESVILLE, FL 32608

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: LODUCA, SUMMER
Address: 8209 SW 52ND LANE
City-St-Zip: GAINESVILLE, FL 32608

Title: MGR (X) Change () Addition
Name: BOSSHARDT, KIMBERLY
Address: 3808 SW 98TH TERRACE
City-St-Zip: GAINESVILLE, FL 32608

I hereby certify that the information supplied with this filing does not qualify for the 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: CAROL BOSSHARDT

MGRM

05/01/2006

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