

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000063711

Entity Name: HOERKEN HOMES, LLC

FILED  
Apr 28, 2009  
Secretary of State

**Current Principal Place of Business:**

348 NE 1ST AVE.  
DELRAY BEACH, FL 33444

**New Principal Place of Business:**

**Current Mailing Address:**

348 NE 1ST AVE.  
DELRAY BEACH, FL 33444

**New Mailing Address:**

FEI Number: 20-3070944

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GERKEN, STEPHEN L  
348 NE 1ST AVE.  
DELRAY BEACH, FL 33444 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: MGR ( ) Delete  
Name: GERKEN, STEPHEN L  
Address: 348 NE 1ST AVE.  
City-St-Zip: DELRAY BEACH, FL 33444

Title: MGR ( ) Delete  
Name: GERKEN, ADRIANNE M  
Address: 348 NE 1ST AVE.  
City-St-Zip: DELRAY BEACH, FL 33444

Title: MGRM ( ) Delete  
Name: HOERNIG ASSOCIATES, LLC  
Address: 391 WALKER RD.  
City-St-Zip: GREAT FALLS, VA 22066

**ADDITIONS/CHANGES:**

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

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

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: STEPHEN L GERKEN

MGR

04/28/2009

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