

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 16, 2006 8:00 am
Secretary of State

05-16-2006 90182 018 ****55.00

DOCUMENT # L05000072617	
1. Entity Name HOGTOWN REAL ESTATE SOLUTIONS, LLC	



Principal Place of Business 408 WEST UNIVERSITY AVENUE, #104 GAINESVILLE, FL 32604	Mailing Address 408 WEST UNIVERSITY AVENUE, #104 GAINESVILLE, FL 32604
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20045733



2. Principal Place of Business 821 NE 22nd Terr	3. Mailing Address 821 NE 22nd Terr
Suite, Apt. #, etc.	Suite, Apt. #, etc.

05122006 Chg-LLC CR2E083 (11/05)

City & State Gainesville, FL	City & State Gainesville, FL
Zip 32641	Zip 32641
Country Alachua	Country Alachua

4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent MCCASLIN, BRENDA D 408 WEST UNIVERSITY AVENUE, #104 GAINESVILLE, FL 32601	7. Name and Address of New Registered Agent Name Brenda D. McCaslin Street Address (P.O. Box Number is Not Acceptable) 821 NE 22nd Terr. City Gainesville FL Zip Code 32641
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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 <i>Brenda D. McCaslin</i>	DATE 5/12/06

Filing Fee is \$50.00 Due by September 6, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCCASLIN, BRENDA D 408 WEST UNIVERSITY AVENUE, #104 GAINESVILLE, FL 32601 <i>New Address Above</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <i>Brenda D. McCaslin</i>	DATE 5/12/06