

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000082438

FILED
Jul 10, 2007
Secretary of State

Entity Name: HUGS ONE, L.L.C.

Current Principal Place of Business:

7911 PAT BLVD.
TAMPA, FL 33615 US

New Principal Place of Business:

Current Mailing Address:

7911 PAT BLVD.
TAMPA, FL 33615 US

New Mailing Address:

FEI Number: 56-2541497 FEI Number Applied For () 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:

MARTINEZ, RAFAEL
7911 PAT BLVD.
TAMPA, FL 33615 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: MGR () Delete
Name: MARTINEZ, RAFAEL
Address: 7911 PAT BLVD.
City-St-Zip: TAMPA, FL 33615 US

Title: MGRM () Delete
Name: MARTINEZ, JOSEPH
Address: 1302 DURANT RD.
City-St-Zip: BRANDON, FL 33511 US

Title: MGMR () Delete
Name: HARRISON, JAMES R
Address: 11144 HOLSTEIN RD.
City-St-Zip: LITHIA, FL 33547 US

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: RAFAEL MARTINEZ

PRES

07/10/2007

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