


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 05, 2006 8:00 am**  
**Secretary of State**

03-16-2006 90027 041 \*\*\*\*50.00

<b>DOCUMENT # L05000086166</b> 1. Entity Name <b>HOBKA133, LLC</b>					
Principal Place of Business <b>124 N. NOVA RD., SUITE 125</b> <b>ORMOND BEACH, FL 32174</b>			Mailing Address <b>124 N. NOVA RD., SUITE 125</b> <b>ORMOND BEACH, FL 32174</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 03092006 Chg-LLC CR2E083 (11/05)	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>AGENTS AND CORPORATIONS, INC.</b> <b>SUTIE E, 773 4TH AVENUE NORTH</b> <b>NAPLES, FL 34102</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2006</b>				<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MR. MGR.</b> <b>BELL, KIM</b> <b>124 N. NOVA RD., SUITE 125</b> <b>ORMOND BEACH, FL 32174</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR.</b>	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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:** *Kim Bell*

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

**3/10/06 386-212**

Date Daytime Phone #

ATTACHMENT

30004212  
#LD5000086166

HOBOKA133, LLC  
124 N Nova Road, 125  
Ormond Beach, Florida 32174

Division of Corporations  
PO Box 6478  
Tallahassee FL 32314

To Whom It May Concern:

Please be advised that following a conversation with IRS representative on April 3, 2006 it was determined that a FEI number is not applicable in this case. Please call me at 386-212-8686 or reply via United States postal service to the above address if further clarification is needed.

Thank you for your time and efforts.

Sincerely,



Kim Bell