2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000086166

1. Entity Name HOBKA133, LLC



FILED Apr 14, 2008 08:00 A Secretary of State

Principal Place of Business

124 N. NOVA RD., SUITE 125 ORMOND BEACH, FL 32174 Mailing Address

124 N. NOVA RD., SUITE 125 ORMOND BEACH, FL 32174



04092008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-4849253 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

AGENTS AND CORPORATIONS, INC. 300 FIFTH AVENUE SOUTH SUITE 101-330 NAPLES, FL 34102

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	· · · · · · · · · · · · · · · · · · ·	
Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
SIGNATURE		
the obligations of registered agent.		
The above named entity submits this statement for the purpose or changi	ling its registered office of registered agent, or both, in the state of monda	a. Tam iamiliar with, and accept

FILE NOWIII FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGR
NAME	BELL, ERIC
STREET ADDRESS	124 N. NOVA RD., SUITE 125
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE)
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
11. I hereby	certify that the information supplied with this filling does not qualify for the ex

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11. I hereby certify that the information supplied with this filling 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: ___

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

11-9-02

386-295-2319

Date

Daytime Phone #