## 2007 LIMITED LIABILITY COMPANY

**FILED** ANNUAL REPORT Apr 24, 2007 8:00 am **DOCUMENT # L05000086168** Secretary of State 1. Entity Name HOBOT177, LLC 04-24-2007 90116 019 \*\*\*\*50.00 Mailing Address Principal Place of Business 124 N. NOVA RD., SUITE 125 124 N. NOVA RD., SUITE 125 ORMOND BEACH, FL 32174 ORMOND BEACH, FL 32174 CR2E083 (11/05) 04152007 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-3818720 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent AGENTS AND CORPORATIONS, INC. DO NOT WRITE SUITE E, 773 4TH AVENUE NORTH NAPLES, FL 34102 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2007 MANAGING MEMBERS/MANAGERS 9. MGR TITLE BELL, KIM NAME 124 N. NOVA RD., SUITE 125 STREET ADDRESS CITY-ST-ZIP ORMOND BEACH, FL 32174 TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE 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 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.

TITLE NAME STREET ADDRESS CITY-ST-ZIP