


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 14, 2008 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # L05000101498</b><br>1. Entity Name<br><b>HICKEY HOB, LLC</b> |  |
|--|---|

|   |   |
|---|---|
| Principal Place of Business<br><b>9231 SCHOOL HOUSE ROAD<br/>CORAL GABLES, FL 33156</b> | Mailing Address<br><b>9231 SCHOOL HOUSE ROAD<br/>CORAL GABLES, FL 33156</b> |
|---|---|

**DO NOT WRITE IN THIS SPACE**



02102008 No Chg-LLC

CR2E083 (12/07)

|   |  |
|---|--|
| 4. FEI Number<br><b>11-3764509</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional Fee Required                  |

|   |
|---|
| 6. Name and Address of Current Registered Agent<br><br><b>HICKEY, EDWIN W<br/>9231 SCHOOL HOUSE ROAD<br/>CORAL GABLES, FL 33156</b> |
|---|

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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

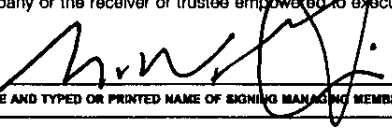
**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

| 9. MANAGING MEMBERS/MANAGERS                   |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM<br/>HICKEY, EDWIN W<br/>9231 SCHOOL HOUSE ROAD<br/>CORAL GABLES, FL 33156</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

U00000827681  
02/21/08-80100-012 138.75

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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:**  **2/11/08 (305) 812-8181**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #