## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L05000109723

1. Entity Name HOBE SOUND INVESTORS, LLC



FILED Apr 15, 2008 8:00 am Secretary of State

04-15-2008 90111 047 \*\*\*138.75

Principal Place of Business

Mailing Address

177 N US HIGHWAY 1 BOX 275 TEQUESTA, FL 33469

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DO NOT WRITE IN THIS SPACE

04102008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-3803736

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SPENCER INVESTMENTS, INC. 11892 SE JUNO CRESCENTS HOBE SOUND, FL 33469

## DO NOT WRITE IN THIS SPACE

HOBE SO	UND, FL 33469 1	IN THIS SPACE
8. The above the obligat	named entity submits this statement for the purpose of charions of registered agent.	nging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)  DATE
	NOW!!! FEE IS \$138.75 71, 2008 Fee will be \$538.75	
	AAANADINIA MEMPEDO (MAANAOEDO	
9. TITLE NAME STREET ADDRESS CITY-SI-ZIP	MANAZING MEMBERS/MANAGERS  MGR WRIGHT, LARRY E  177 N US HIGHWAY 1 BOX 275  TEQUESTA, FL 33469	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
11. I hereby certify that the information supplied with his filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information		

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 of the receiver or trustee ampowered 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

4-10-08

561-602.9971

Daytime Phone #