

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000121352

**Entity Name:** HOBVAR PARTNERS, LLC

**FILED**  
**Jan 28, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

980 N HIGHWAY A1A  
INDIALANTIC, FL 32903

**New Principal Place of Business:**

**Current Mailing Address:**

466 ST LUCIA COURT  
SATELLITE BEACH, FL 32937

**New Mailing Address:**

**FEI Number:** 20-4064728

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

HOBGOOD, MAUREEN H  
466 ST LUCIA COURT  
SATELLITE BEACH, FL 32937 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** HOBGOOD, MAUREEN H  
**Address:** 466 ST LUCIA COURT  
**City-St-Zip:** SATELLITE BEACH, FL 32937

**Title:** MGR  
**Name:** HOBGOOD, CLIFTON JAMES  
**Address:** 466 ST LUCIA COURT  
**City-St-Zip:** SATELLITE BEACH, FL 32937

**Title:** MGR  
**Name:** HOBGOOD, DAMIEN  
**Address:** 10770  
**City-St-Zip:** MERRITT ISLAND, FL 32952

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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:** MAUREEN H HOBGOOD

MGR

01/28/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date