

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000122018

FILED  
May 03, 2010  
Secretary of State

Entity Name: HOSKI, L.L.C.

**Current Principal Place of Business:**

1800 SECOND STREET, SUITE 97  
SARASOTA, FL 34236

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 25363  
SARASOTA, FL 34277

**New Mailing Address:**

FEI Number: 20-5388657      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

MCGINNESS, W. LEE  
1800 SECOND STREET, SUITE 97  
SARASOTA, FL 34236      US

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: HOSKINSON, F. BRYAN  
Address: P. O. BOX 25363  
City-St-Zip: SARASOTA, FL 34277

Title: MGR  
Name: HOSKINSON, MARY L  
Address: 3225 KINGS WOOD DRIVE  
City-St-Zip: SARASOTA, FL 34232

Title: MGR  
Name: HOSKINSON, GEORGE D  
Address: 6216 98TH STREET EAST  
City-St-Zip: BRADENTON, FL 34202

Title: MGR  
Name: BELL, MARGARET J  
Address: 1888 MORRIS STREET  
City-St-Zip: SARASOTA, FL 34239

Title: MGR  
Name: HOSKINSON, KENNETH E JR  
Address: P. O. BOX 1411  
City-St-Zip: SARASOTA, FL 34230

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: F. BRYAN HOSKINSON

MGR

05/03/2010

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