

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000122477

Entity Name: JAMES M HOFFMAN LLC

**FILED**  
**Feb 08, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

15910 REDINGTON DRIVE  
REDINGTON BEACH, FL 33708

**New Principal Place of Business:**

15910 REDINGTON DRIVE  
REDINGTON BEACH, FL 337386455 US

**Current Mailing Address:**

15910 REDINGTON DRIVE  
REDINGTON BEACH, FL 33708

**New Mailing Address:**

PO BOX 86455  
REDINGTON BEACH, FL 337386455 US

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

HOFFMAN, JAMES  
15910 REDINGTON DRIVE  
REDINGTON BEACH, FL 33708 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: MGRM ( ) Delete  
Name: HOFFMAN, JAMES  
Address: PO BOX 86455  
City-St-Zip: MADEIRA BEACH, FL 337386455

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: HOFFMAN, JAMES  
Address: PO BOX 86455  
City-St-Zip: REDINGTON BEACH, FL 337386455

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: JAMES HOFFMAN

MGRM

02/08/2007

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