

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000004902

FILED
Jan 12, 2007
Secretary of State

Entity Name: HOFFMANN DEVELOPMENT, LLC

Current Principal Place of Business:

2884 21ST AVE N
ST PETERSBURG, FL 33713 US

New Principal Place of Business:

3199 46TH AVE N
ST PETERSBURG, FL 33714 US

Current Mailing Address:

2884 21ST AVE N
ST PETERSBURG, FL 33713 US

New Mailing Address:

3199 46TH AVE N
ST PETERSBURG, FL 33714 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOHMS, ALAN
2884 21ST AVE N
ST PETERSBURG, FL 33713 US

Name and Address of New Registered Agent:

BOHMS, ALAN
3199 46TH AVE N
ST PETERSBURG, FL 33714 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: ALAN BOHMS

01/12/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HOFFMANN, PAUL
Address: 2884 21ST AVE N.
City-St-Zip: ST PETERSBURG, FL 33713 US

Title: MGRM () Delete
Name: BOHMS, ALAN
Address: 2884 21ST AVE N.
City-St-Zip: ST PETERSBURG, FL 33713 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HOFFMANN, PAUL
Address: 3199 46TH AVE N
City-St-Zip: ST PETERSBURG, FL 33714 US

Title: MGRM (X) Change () Addition
Name: BOHMS, ALAN
Address: 3199 46TH AVE N
City-St-Zip: ST PETERSBURG, FL 33714 US

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: ALAN BOHMS

MGRM

01/12/2007

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