2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 21, 2008
Secretary of State

DOCUMENT# L06000007684

Entity Name: HOKUS POKUS, LLC

Current Principal Place of Business:

8535 BAYMEADOWS ROAD
SUITE 2
JACKSONVILLE, FL 32256

New Principal Place of Business:

4651 SALISBURY RD
SUITE 466
JACKSONVILLE, FL 32256

Current Mailing Address:

7370 SECRET WOODS TRAIL
JACKSONVILLE, FL 32216

New Mailing Address:

4651 SALISBURY RD
SUITE 466
JACKSONVILLE, FL 32256

FEI Number: 20-4295402 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

THIELEN, TIMOTHY A SR
1915 HILLBROOKE TRAIL
STE 1
TALLAHASSEE, FL 32311 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	( ) Delete
Name:	THIELEN, TIMOTHY A SR	
Address:	1915 HILLBROOKS TRAIL - SUITE 1	
City-St-Zip:	TALLAHASSEE, FL 32311	
Title:	MGR	( ) Delete
Name:	STEVENS, MARY D	
Address:	7370 SECREET WOODS TRAIL	
City-St-Zip:	JACKSONVILLE, FL 32216	
Title:	MGR	( ) Delete
Name:	LOGAN, CAROL A	
Address:	10000 GATE PARKWAY NO. #1412	
City-St-Zip:	JACKSONVILLE, FL 32246	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify 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: MARY D STEVENS MGR 07/21/2008

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