


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 04, 2007 8:00 am
Secretary of State

09-04-2007 90083 037 ****50.00

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|---|---|
| DOCUMENT # L06000012519 |  |
| 1. Entity Name ROBERT HOCHSTEIN & ASSOCIATES, LLC | |

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| Principal Place of Business 1978 SW HERONWOOD RD. PALM CITY, FL 34990 US | Mailing Address 1978 SW HERONWOOD RD. PALM CITY, FL 34990 US |
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|--|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | |
|--------------|--------------|
| City & State | City & State |
| Zip | Country |



07062007 Chg-LLC CR2E083 (12/06)

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| 4. FEI Number 42-11693866 | Applied For <input type="checkbox"/> Not Applicable |
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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|---|---------------------------------------|

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| 6. Name and Address of Current Registered Agent |
| HOCHSTEIN, ROBERT 1978 SW HERONWOOD RD. PALM CITY, FL 34990 |

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| 7. Name and Address of New Registered Agent |
| Name |
| Street Address (P.O. Box Number is Not Acceptable) |
| City |
| State FL Zip Code |

8. 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. I am familiar with, and accept the obligations of registered agent.

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|-----------------|--|------------|
| SIGNATURE _____ | Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) | DATE _____ |
|-----------------|--|------------|

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|--|--|
| Filing Fee is \$50.00 - Due by September 14, 2007 | Make check payable to Florida Department of State |
|--|--|

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM HOCHSTEIN, ROBERT 1978 SW HERONWOOD RD. PALM CITY, FL 34990 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

Robert Hochstein 8/30/07 owner mgr