2/21/2007-90101-027-\$50.00-\$50.00

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DOCUMENT # L06000015488							CU		
1. Entity Name DAVID HOGE GUITAR STUDIOS, LLC						07 MAR 12	PM 1:53		
					557	_SECRETARY	OF STATE	.	
Principal Place of Business			Mailing Address	^	,	SECRETARY TALLAHASSE	FLORID	Ā	
257 WILL ROAD Monticello, FL 32344			257 WILL ROAD MONTICELLO, FL 3234	4 BK					POLINICALI
2. Principal Place of Business - No P.O. Box #			3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02052007 Chg-LLC	CR2E083	(12/06)	
City & State			City & State			4. FEI Number 20-4312335		_	plied For t Applicab
Zip	_	Country	Zip	Country		5. Certificate of Status Desired		00 Add Required	
	6. Name	and Address of Current R	legistored Agent			7. Name and Address of New F	Registered Age	nt	
1100E BA	MD			Name					
HOGE, DAVID 257 WILL ROAD				Street Ac	dress (P.O. Box Number is Not Acceptable	9)		
MONTICE	LLO, FL 3	32344							
				City			FL	Zip Code	,
8. The above	named entit	y submits this statement for	the purpose of changing its	registered office or	register	ed agent, or both, in the State of Flo		liar with,	and accep
the obligati	ions of regist	lered agent.							
SIGNATURE .	Signiture, typed	or princed name of registered agent as	nc the diapplicable (NOTE	. Registered Agent signatu	re required	when reinstablig)	DATE		
Filing Fee is \$50.00 Due by May 1, 2007									
							e check paya a Department		•
				10.			e check paya a Department		•
9. HILE	MGRM	y 1, 2007 MANAGING MEMBER		10. 11fl.E		Florida	e check paya Department		Additio
9. ITILE KAME	MGRM HOGE, D	MANAGING MEMBER	S/MANAGERS	10. TITLE NAME		Florida	e check paya Department	of State	-
9. HILE	MGRM HOGE, D 257 WILL	MANAGING MEMBER	S/MANAGERS	10. 11fl.E		Florida	e check paya Department	of State	-
9. IIILE NAME STREET ADDRESS	MGRM HOGE, D 257 WILL	MANAGING MEMBER AVID ROAD	S/MANAGERS	10. TITLE NAME STREET ADDRESS		Florida	e check pays Department CHANGES	of State	-
9. IFILE NAME STREET ADDRESS CITY-SI-ZIP IFILE NAME	MGRM HOGE, D 257 WILL	MANAGING MEMBER AVID ROAD	RS/MANAGERS	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		Florida	e check pays Department CHANGES	of State Change	Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MGRM HOGE, D 257 WILL	MANAGING MEMBER AVID ROAD	RS/MANAGERS	10. TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE		Florida	e check pays Department CHANGES	of State Change	Addition
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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.

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

DAVID COURTENAY HOGE

STREET ADDRESS CITY-ST-ZIP

TYPED OR PRINTED MANGE OF SIGNING MANAGEIR, MANAGER, OR AUTHORIZED REPRESENTATIVE