

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000062999

FILED
May 19, 2008
Secretary of State

Entity Name: HOBERT ENTERPRISES, LLC

Current Principal Place of Business:

4722 KNOLLWOOD DRIVE
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

4722 KNOLLWOOD DRIVE
TALLAHASSEE, FL 32303

New Mailing Address:

FEI Number: 33-1140000 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

Name and Address of New Registered Agent:

HOBERT, AMY LYN
4722 KNOLLWOOD DRIVE
TALLAHASSEE, FL 32303 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HOBERT, AMY LYN
Address: 4722 KNOLLWOOD DRIVE
City-St-Zip: TALLAHASSEE, FL 32303

Title: MGRM () Delete
Name: HOBERT, GARY J
Address: 4722 KNOLLWOOD DRIVE
City-St-Zip: TALLAHASSEE, FL 32303

Title: MGRM () Delete
Name: MORIARTY, THOMAS J
Address: 45 YALE ST.
City-St-Zip: HOLYOKE, MA 010410982

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: AMY LYN HOBERT

MGRM

05/19/2008

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