

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000063650

FILED
May 15, 2007
Secretary of State

Entity Name: L.M.N. OF HOBE SOUND, L.L.C.

Current Principal Place of Business:

8815 S. E. BRIDGE ROAD
HOBE SOUND, FL 33455

New Principal Place of Business:

Current Mailing Address:

2121 S. E. WILD MEADOWS CIRCLE
PORT ST. LUCIE, FL 34952

New Mailing Address:

8815 S.E. BRIDGE ROAD
HOBE SOUND, FL 33455

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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:

MANZO-ASFAR, LISA R
2121 S. E. WILD MEADOWS CIRCLE
PORT ST. LUCIE, FL 34952 US

Name and Address of New Registered Agent:

MANZO-ASFAR, LISA R
2121 S.E WILD MEADOWS CIRCLE
PORT ST. LUCIE, FL 34952 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: LISA R. MANZO-ASFAR

05/15/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MANZO-ASFAR, LISA R
Address: 2121 S. E. WILD MEADOWS CIRCLE
City-St-Zip: PORT ST. LUCIE, FL 34952

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MANZO-ASFAR, LISA R
Address: 2121 S.E WILD MEADOWS CIRCLE
City-St-Zip: PORT ST. LUCIE, FL 34952

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: LISA R. MANZO-ASFAR

MGRM

05/15/2007

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