

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000072692

Entity Name: NICHOLAS J HODGES LLC

FILED
May 22, 2007
Secretary of State

Current Principal Place of Business:

504 PADDOCK CLUB DRIVE
PANAMA CITY BEACH, FL 32407

New Principal Place of Business:

6404 THOMAS DRIVE # 6
PANAMA CITY BEACH, FL 32408

Current Mailing Address:

504 PADDOCK CLUB DRIVE
PANAMA CITY BEACH, FL 32407

New Mailing Address:

6404 THOMAS DRIVE # 6
PANAMA CITY BEACH, FL 32408

FEI Number: 20-5248993 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:

HODGES, NICHOLAS J
504 PADDOCK CLUB DRIVE
PANAMA CITY BEACH, FL 32407 US

Name and Address of New Registered Agent:

HODGES, NICHOLAS J
6404 THOMAS DRIVE # 6
PANAMA CITY BEACH, FL 32408 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: _____

05/22/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HODGES, NICHOLAS J
Address: 504 PADDOCK CLUB DRIVE
City-St-Zip: PANAMA CITY BEACH, FL 32407

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HODGES, NICHOLAS J
Address: 6404 THOMAS DRIVE # 6
City-St-Zip: PANAMA CITY BEACH, FL 32408

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: NICHOLAS J HODGES

MGR

05/22/2007

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