


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90343 013 \*\*\*\*\*50.00

<b>DOCUMENT # L06000079887</b> 1. Entity Name <b>FREDERICK B. HODAPP AND ASSOCIATES, LLC</b>					
Principal Place of Business <b>28713 WAHOO DRIVE BONITA SPRINGS FL 34135</b>			Mailing Address <b>28713 WAHOO DRIVE BONITA SPRINGS FL 34135</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country			
4. FEI Number <b>41-2218341</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				1st MOORE      CR2E083 (10/06)	
6. Name and Address of Current Registered Agent  <b>HODAPP, FREDERICK B 28713 WAHOO DRIVE BONITA SPRINGS FL 34135</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. SIGNATURE <u><i>Frederick B. Hodapp</i></u> <b>N/A</b> DATE _____ <small>Signature, typed or printed name of registered agent and city if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2007</b>					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR HODAPP, FREDERICK B 10 CARRIAGE PATH CHADDS FORD PA 19317	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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. <b>Frederick B. Hodapp</b> SIGNATURE: <u><i>Frederick B. Hodapp</i></u> Date <u>02/26/07</u> Daytime Phone # <u>239 495 2499</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					