

# **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000080556

**FILED**  
**Apr 29, 2008**  
**Secretary of State**

**Entity Name:** HOELLE FINANCIAL PARTNERS, LLC

**Current Principal Place of Business:**

6300 S.W. 96 STREET  
PINECREST, FL 33156 US

**New Principal Place of Business:**

**Current Mailing Address:**

6300 S.W. 96 STREET  
PINECREST, FL 33156 US

**New Mailing Address:**

**FEI Number:** 20-5415518

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HOELLE, MARIA I  
806 DOUGLAS ROAD  
SUITE 580  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

HOELLE, MARIA I  
355 ALHAMBRA CIRCLE  
SUITE 801  
CORAL GABLES, FL 33134 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:

04/29/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: HOELLE, THORNTON E  
Address: 6300 S.W. 96 STREET  
City-St-Zip: PINECREST, FL 33156 US

**ADDITIONS/CHANGES:**

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: THORNTON E. HOELLE

MGRM

04/29/2008

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