

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 19, 2007 08:00 AM
Secretary of State

DOCUMENT # L06000090419

1. Entity Name
HOBROS VI PROPERTIES, LLC



Principal Place of Business
**4482 SW LONG BAY DRIVE
PALM CITY, FL 34990 US**

Mailing Address
**4482 SW LONG BAY DRIVE
PALM CITY, FL 34990 US**



01062007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-5547350

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DAVIS, RICHARD T
901 N. OLIVE AVENUE
WEST PALM BEACH, FL 33401**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

U000000593702
01/22/07-80041-022 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOHMAN, RICHARD B 4482 SW LONG BAY DRIVE PALM CITY, FL 33490
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOHMAN, HOWARD J 616 HACKBERY RIDGE DRIVE MCKINNEY, TX 75070
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOHMAN, PERRY J 1604 BAY POINT DRIVE VIRGINIA BEACH, VA 23454
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/16/07

772-
260-7516