2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED Jan 31, 2008 08:00 AN **Secretary of State**

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1. Entity Name

HOBROS VI PROPERTIES, LLC



Principal Place of Business

Mailing Address

4482 SW LONG BAY DRIVE PALM CITY, FL 34990 US

4482 SW LONG BAY DRIVE PALM CITY, FL 34990



01052008 No Chg-LLC

CR2E083 (12/07)

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

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	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE		
SIGNATURE	=			_	
the oblig	ations of registered agent.				
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 Fiorida. I am familiar with, and acce					

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

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 AODRESS 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
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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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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

772-260-7516