

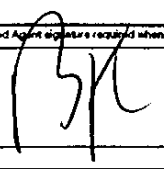
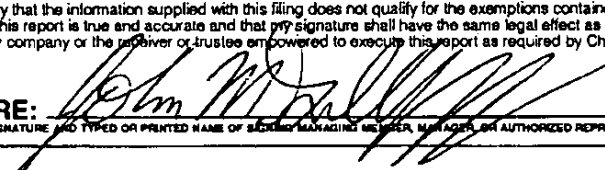
2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

01-30-2008 90093 045 ***150.00
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
60004895

DOCUMENT # L06000094895					
1. Entity Name HOGZILLA, LLC					
Principal Place of Business 88701 OVERSEAS HIGHWAY TAVERNIER, FL 33070 US			Mailing Address 88701 OVERSEAS HIGHWAY TAVERNIER, FL 33070 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01072008 Chg-LLC CR2E0R3 (12/06)	
Zip	Country	Zip	Country	4. FEI Number <u>80-0155730</u> Applied For ☒ Not Applicable ☐	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GILBERT, JOHN 88701 OVERSEAS HIGHWAY TAVERNIER, FL 33070			Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GILBERT, JOHN 88701 OVERSEAS HIGHWAY TAVERNIER, FL 33070 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GILBERT, TRACY 88701 OVERSEAS HIGHWAY TAVERNIER, FL 33070 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
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 689, Florida Statutes.					
SIGNATURE: 			JOHN M. GILBERT JR. 1/7/08 3058524185		
SIGNATURE AND TYPED OR PRINTED NAME OF SECRETARY, MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		