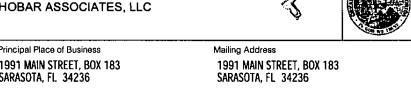
2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT** DOCUMENT # L06000096223 HOBAR ASSOCIATES, LLC Principal Place of Business Mailing Address

FILED Feb 18, 2008 08:00 AM Secretary of State



1991 MAIN STREET, BOX 183 SARASOTA, FL 34236 01212008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-5652571 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BAND, DAVID S DO NOT WRITE 240 SOUTH PINEAPPLE AVE., 10TH FLOOR SARASOTA, FL 34236 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 FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS 9. TITLE MGR BAND, DAVID S NAME 1991 MAIN STREET, BOX 183 STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34236 U000000830<u>7</u>01 MGR 02/26/08-80093-018 138:75 RUBEN, WAYNE NAME STREET ADDRESS 1991 MAIN STREET, BOX 183 CITY-ST-ZIP SARASOTA, FL 34236 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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.

SIG	NAT	URE:
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MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Davlima Phone #