2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# L06000096223

Entity Name: HOBAR ASSOCIATES, LLC

Current Principal Place of Business:

1991 MAIN STREET, BOX 183
SARASOTA, FL 34236

New Principal Place of Business:

Current Mailing Address:

1991 MAIN STREET, BOX 183
SARASOTA, FL 34236

New Mailing Address:

FEI Number: 20-5652571 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BAND, DAVID S
240 SOUTH PINEAPPLE AVE., 10TH FLOOR
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

BAND, DAVID S
ONE SOUTH SCHOOL AVENUE
SUITE 500
SARASOTA, FL 34237 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: 04/28/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: BAND, DAVID S
Address: 1991 MAIN STREET, BOX 183
City-St-Zip: SARASOTA, FL 34236

Title: MGR ( ) Delete
Name: RUBEN, WAYNE
Address: 1991 MAIN STREET, BOX 183
City-St-Zip: SARASOTA, FL 34236

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: BAND, DAVID S
Address: ONE SOUTH SCHOOL AVENUE, SUITE 500
City-St-Zip: SARASOTA, FL 34237

Title: MGR (X) Change ( ) Addition
Name: RUBEN, WAYNE
Address: 1991 MAIN STREET, SUITE 208
City-St-Zip: SARASOTA, FL 34236

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: DAVID S BAND MGR 04/28/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date