2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000098396

Entity Name: HOEHN - SOLGAN INVESTMENT PARTNERS L.L.C.

FILED Feb 11, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

12 BLACK WATER WAY 787 NE 5TH STREET

ORMOND BEACH, FL 32174 CRYSTAL RIVER, FL 34429

Current Mailing Address: New Mailing Address:

12 BLACK WATER WAY 787 NE 5TH STREET

ORMOND BEACH, FL 32174 CRYSTAL RIVER, FL 34429

FEI Number: 06-1796460 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SOLGAN, MARC A

12 BLACK WATER WAY

SOLGAN, MARC A
787 NE 5TH STREET

ORMOND BEACH, FL 32174 US CRYSTAL RIVER, FL 34429 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: 02/11/2008

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR () Delete Title: MGR (X) Change () Addition

 Name:
 SOLGAN, MARC A
 Name:
 SOLGAN, MARC A

 Address:
 12 BLACK WATER WAY
 Address:
 787 NE 5TH STREET

 City-St-Zip:
 ORMOND BEACH, FL 32174
 City-St-Zip:
 CRYSTAL RIVER, FL 34429

Title: MGRM () Delete Title: MGRM (X) Change () Addition Name: SOLGAN, BRICKETTE L Name: SOLGAN, BRICKETTE L

Address: 12 BLACK WATER WAY Address: 787 NE 5TH STREET
City-St-Zip: ORMOND BEACH, FL 32174 City-St-Zip: CRYSTAL RIVER, FL 34429

Title: MGRM () Delete Title: () Change () Addition

 Name:
 HOEHN, DAVID L
 Name:

 Address:
 10 SPANISH PINE WAY
 Address:

 City-St-Zip:
 ORMOND BEACH, FL 32174
 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 HOEHN, ELAINE K
 Name:

 Address:
 10 SPANISH PINE WAY
 Address:

 City-St-Zip:
 ORMOND BEACH, FL 32174
 City-St-Zip:

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: BRICKETTE L. SOLGAN MGRM 02/11/2008