2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 15, 2008
Secretary of State

DOCUMENT# L07000032820

Entity Name: THE HODSON COMPANY, LLC

Current Principal Place of Business:

6171 METROWEST BLVD.
UNIT 302
ORLANDO, FL 32835 FL

New Principal Place of Business:

6413 ASTOR VILLAGE AVE
ORLANDO, FL 32835 FL

Current Mailing Address:

P.O. BOX 616856
ORLANDO, FL 32861 FL

New Mailing Address:

6413 ASTOR VILLAGE AVE
ORLANDO, FL 32835 FL

FEI Number: 20-8701835 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HODSON, DOUGLAS D JR.
6171 METROWEST BLVD.
UNIT 302
ORLANDO, FL 32835 US

Name and Address of New Registered Agent:

HODSON, DOUGLAS D JR.
6413 ASTOR VILLAGE AVE
ORLANDO, FL 32835 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: DOUGLAS HODSON JR 05/15/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: HODSON, DOUGLAS D JR.
Address: 6171 METROWEST BLVD. UNNIT 302
City-St-Zip: ORLAMDO, FL 32835 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: HODSON, DOUGLAS D JR.
Address: 6413 ASTOR VILLAGE AVE
City-St-Zip: ORLANDO, FL 32835 US

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: DOUGLAS HODSON JR MGRM 05/15/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date