2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000038479

RADCLIFFE, LINDA

City-St-Zip: FAYETTEVILLE, GA 30215

100 STONEHAVEN DR

Name:

Address:

Entity Name: HOFFMAN CHILDREN PROPERTY, LLC

FILED Apr 16, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:			
	RVIEW SHORE D, FL 32804	ES DRIVE				
Current Mailing Address:			New Mailing Address:			
	RVIEW SHORE D, FL 32804	ES DRIVE				
FEI Number	: 59-2846470	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Desired ()	
Name and	d Address of	Current Registered Agent:	Name and	Name and Address of New Registered Agent:		
ORLANDO	Г COLONIAL [D, FL 32804	DRIVE, SUITE 101 US				
	e named entity e of Florida.	submits this statement for the	purpose of changing r	ts registere	d office or registered agent, or both	
SIGNATU	RE:					
Electronic Signature of Registered Age			ent Date			
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES:			
Title: Name: Address: City-St-Zip:	MGRM (HOFFMAN, JA 2600 BELLES ORANGE PAR	HORE CT	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	MGRM (HOFFMAN, TH 6007 RUTLED COLUMBIA, S	GE HILL RD	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	KILMER, JOA	W SHORES DR	Title: Name: Address: City-St-Zip:		IEW SHORES DR	
Title:	MGRM () Delete	Title:		() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: JO ANN KILMER MGRM 04/16/2009