

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000079604

Entity Name: HOPJACKS, LLC

FILED
Apr 29, 2008
Secretary of State

Current Principal Place of Business:

2190 RIVER BIRCH ROAD
GULF BREEZE, FL 32563

New Principal Place of Business:

49 SOUTH JEFFERSON STREET
PENSACOLA, FL 32502

Current Mailing Address:

2190 RIVER BIRCH ROAD
GULF BREEZE, FL 32563

New Mailing Address:

49 SOUTH JEFFERSON STREET
PENSACOLA, FL 32502

FEI Number: 26-0749871

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOGARTY, COREY M
2190 RIVER BIRCH ROAD
GULF BREEZE, FL 32563 US

Name and Address of New Registered Agent:

FOGARTY, COREY M
49 SOUTH JEFFERSON STREET
PENSACOLA, FL 32502 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: COREY M FOGARTY

04/29/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FOGARTY, COREY M
Address: 2190 RIVER BIRCH ROAD
City-St-Zip: GULF BREEZE, FL 32563 US

Title: MGR () Delete
Name: ABSTON, JOSEPH
Address: 1459 SANIBEL LANE
City-St-Zip: GULF BREEZE, FL 32563 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: FOGARTY, COREY M
Address: 49 SOUTH JEFFERSON STREET
City-St-Zip: PENSACOLA, FL 32502 US

Title: () Change () Addition
Name:
Address:
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: COREY M FOGARTY

MGR

04/29/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date