

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

05-06-2008 90004006 \*\*\*138.75

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**FILED**

08 JUL 14 AM 9:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01202008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**26-0778059**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

**6. Name and Address of Current Registered Agent**

HOSFORD, PETER M  
1009 ADAMS DRIVE  
KEY LARGO, FL 33037

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

|                 |                                 |
|-----------------|---------------------------------|
| TITLE           | <input type="checkbox"/> Delete |
| NAME            |                                 |
| STREET ADDRESS  |                                 |
| CITY - ST - ZIP |                                 |
| TITLE           | <input type="checkbox"/> Delete |
| NAME            |                                 |
| STREET ADDRESS  |                                 |
| CITY - ST - ZIP |                                 |
| TITLE           | <input type="checkbox"/> Delete |
| NAME            |                                 |
| STREET ADDRESS  |                                 |
| CITY - ST - ZIP |                                 |
| TITLE           | <input type="checkbox"/> Delete |
| NAME            |                                 |
| STREET ADDRESS  |                                 |
| CITY - ST - ZIP |                                 |
| TITLE           | <input type="checkbox"/> Delete |
| NAME            |                                 |
| STREET ADDRESS  |                                 |
| CITY - ST - ZIP |                                 |

**10. ADDITIONS/CHANGES**

|                 |  |
|-----------------|--|
| TITLE           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            | manager  |
| STREET ADDRESS  | Peter Hosford  |
| CITY - ST - ZIP | 1004 Adams Dr<br>Key Largo FL 33037  |
| TITLE           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            | manager  |
| STREET ADDRESS  | Jean Hosford   |
| CITY - ST - ZIP | 1004 Adams Dr<br>Key Largo FL 33037  |
| TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME            |  |
| STREET ADDRESS  |  |
| CITY - ST - ZIP |  |
| TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME            |  |
| STREET ADDRESS  |  |
| CITY - ST - ZIP |  |
| TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME            |  |
| STREET ADDRESS  |  |
| CITY - ST - ZIP |  |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #