

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000036213

Entity Name: HOFBAUER HOLDINGS LLC

FILED  
Jun 29, 2009  
Secretary of State

**Current Principal Place of Business:**

4458 ROSEA CT  
NAPLES, FL 34104

**New Principal Place of Business:**

336 HERNANDO AVE.  
SARASOTA, FL 34243

**Current Mailing Address:**

P O BOX 9271  
NAPLES, FL 341019271

**New Mailing Address:**

336 HERNANDO AVE.  
SARASOTA, FL 34243

FEI Number: 27-0335674      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:**

HOFBAUER, ROBERT  
4458 ROSEA CT  
NAPLES, FL 34104      US

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

HOFBAUER, ROBERT  
336 HERNANDO AVE.  
SARASOTA, FL 34243      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: ROBERT HOFBAUER

06/29/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: HOFBAUER, ROBERT  
Address: P O BOX 9271  
City-St-Zip: NAPLES, FL 34101

**ADDITIONS/CHANGES:**

Title: MGRM      (X) Change      ( ) Addition  
Name: HOFBAUER, ROBERT  
Address: 336 HERNANDO AVE.  
City-St-Zip: SARASOTA, FL 34243

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: ROBERT HOFBAUER

MGRM

06/29/2009

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