

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000067510

FILED  
Jan 04, 2012  
Secretary of State

**Entity Name:** HOBRA PROPERTIES, L.L.C.

**Current Principal Place of Business:**

14619 CRYSTAL VIEW LANE  
JACKSONVILLE, FL 32250 US

**New Principal Place of Business:**

**Current Mailing Address:**

1469 LEBARON AVE  
JACKSONVILLE, FL 32207 US

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

HOWANITZ, JAY M  
1469 LEBARON AVE  
JACKSONVILLE, FL 32207 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: BRABHAM, EDWARD R JR.  
Address: 712 KEMPTON ROAD  
City-St-Zip: KNOXVILLE, TN 37909 US

Title: MGR  
Name: BRABHAM, PATRICIA C  
Address: 712 KEMPTON ROAD  
City-St-Zip: KNOXVILLE, TN 37909 US

Title: MGR  
Name: HOWANITZ, JAY M  
Address: 1469 LEBARON AVE  
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: MGR  
Name: HOWANITZ, ELIZABETH H  
Address: 1469 LEBARON AVE  
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: MGR  
Name: BRABHAM, EDWARD R III  
Address: 408 BOXWOOD SQ  
City-St-Zip: KNOXVILLE, TN 37919

Title: MGR  
Name: BRABHAM, AMANDA B  
Address: 408 BOXWOOD SQ  
City-St-Zip: KNOXVILLE, TN 37919

I hereby 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:** JAY M HOWANITZ

MGR

01/04/2012

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