

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 15, 2006 08:00 AM
Secretary of State

DOCUMENT # L99000004224 1. Entity Name HOJOSAKI L.L.C.					
Principal Place of Business % LISA L. FORMAN 18298 DAYBREAK DR. BOCA RATON FL 33496			Mailing Address % VICKI L. GREENSTEIN 74 BROKEN TREE RD. NEWTON MA 02459		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-3598181	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent M & W AGENTS, INC. 2101 CORPORATE BLVD., SUITE 107 BOCA CORPORATE CENTER BOCA RATON FL 33431				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 _____ (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006					
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR GREENSTEIN, VICKI L 74 BROKEN TREE ROAD NEWTON MA 02159			☐ Delete	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM FORMAN, LISA L 18298 DAYBREAK DRIVE BOCA RATON FL 33496			☐ Delete	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete			☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete			☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete			☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete			☐ Change ☐ Addition	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Vicki A. Greenstein 2/13/06 617.964.0447