


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 06, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L99000007202**  
 1. Entity Name  
 THE HOOKING FAMILY TRUST, L.C.



Principal Place of Business  
 275 RIVERSIDE DRIVE  
 ORMOND BEACH, FL 32176

Mailing Address  
 275 RIVERSIDE DRIVE  
 ORMOND BEACH, FL 32176

**DO NOT WRITE IN THIS SPACE**



01192006 No Chg-LLC CRZE083 (11/05)

4. FEI Number 59-3536761	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 MCGRATH, BARBARA  
 275 RIVERSIDE DRIVE  
 ORMOND BEACH, FL 32176

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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 except the obligations of registered agent.

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

**Filing Fee is \$50.00**  
**Due by May 1, 2008**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCGRATH, BARBARA 275 RIVERSIDE DRIVE ORMOND BEACH, FL 32176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCGRATH, ELIZABETH 275 RIVERSIDE DRIVE ORMOND BEACH, FL 32176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCGRATH, ZACHARY 275 RIVERSIDE DRIVE ORMOND BEACH, FL 32176
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Barbara McGrath* Barbara McGrath 2/3/06 (386)676-9186  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #