## 2904 LIMITED LIABILITY COMPANY ANNUAL REPORT **FILED** Jan 15, 2004 08:00 AM Secretary of State **DOCUMENT # L99000008412** 1. Entity Name THE HOGAN GROUP, L.L.C. \_ Mailing Address Principal Place of Business 108 FOREST AVE. 108 FOREST AVE. **BOX 447** BOX 447 LOCUST VALLEY, NY 11560 LOCUST VALLEY, NY 11560 01072004 No Chg-LLC DO NOT WRITE IN THIS SPACE 4. FEI Number 22-3695155 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DO NOT WRITE HOGAN, HOWARD TJR 309 SUNSET DRIVE FORT LAUDERDALE, FL 33301 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.

IN THIS SPACE

9. MANAGING MEMBERS/MANAGERS  TITLE MGR NAME HOGAN, HOWARD T JR  STREET ADDRESS CITY-ST-ZIP LOCUST VALLEY, NY 11560  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	Filing Fee is \$50.00 Due by May 1, 2004	
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Signature, typed or printed name of registered agent and title if applicable

U00000005288 01/16/04-80001-004 50.00

CR2E083 (10/03)

Applied For

Not Applicab!

\$5.00 Additional

Fee Required

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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.

(NOTE, Registered Agent signature regulred when reinstating)

SIGNATURE