2008 LIMITED LIABILITY COMPANY

ANNUAL REPORT

DOCUMENT # L99000008412

1. Entity Name

THE HOGAN GROUP, L.L.C.



Principal Place of Business

108 FOREST AVE.

BOX 447

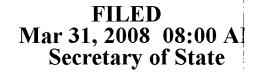
LOCUST VALLEY, NY 11560

Mailing Address

108 FOREST AVE.

BOX 447

LOCUST VALLEY, NY 11560





DO NOT WRITE IN THIS SPACE

03282008 No Chg-LLC CR2E083 (12/07)

Applicable
lied For
)

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HOGAN, HOWARD TUR 309 SUNSET DRIVE FORT LAUDERDALE, FL 33301

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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 accept
the obligations of registered agent.	•

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

MANAGING MEMBERS/MANAGERS 9. MGR TITLE . HOGAN, HOWARD TUR NAME STREET ADDRESS 108 FOREST AVE. CITY-ST-ZIP LOCUST VALLEY, NY 11560 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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11. I hereby certify that the information supplied with this filling 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 trusted empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP .-

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANASING MEMBER, OR AUTHORIZED REPRESENTATIVE

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