## 2005 LIMITED LIABILITY COMPANY

## FILED Jan 20, 2005 8:00 am

ANNUAL REPORT			Secretary of State	
DOCUMENT # M02000000209			01-20-2005 90008 034 ****50.00	
1. Entity Name HUDSON MANAGEMENT, LLC				
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			01062005 No Chg-LLC	CR2E083 (10/03)
DO NOT WRITE IN THIS SPACE			4. FEI Number 25-1822124	Applied For Not Applicable
			5. Certificate of Status Desired	S5.00 Additional
	6. Name and Address of Current Registered Agent			Fee Required
				Company of the second of the
STROHAUER, GARY N 1150 CLEVELAND, STE. 300			DO NOT WE	RITE
CLEARWATER, FL 33755		I go o p domina	IN THIS SPA	ACE .
		* 5 4.	A STATE OF	<b>10</b> L.
The above named entity submits this statement for the purpose of changing its registered or		1. 51.	leakolu (Santa Santa	
F		red Agent signature required	d when reinstating)	DATE
9.	MANAGING MEMBERS/MANAGERS			The state of the s
TITLE	MGR			
NAME STREET ADDRESS	HUDSON, JOHN M 2450 SHENANGO VALLEY FREEWAY			
CITY-ST-ZIP	HERMITAGE, PA 16148			
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NAME				

-11. I hereby certify that the information supplied with this filing 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 accept the and that the information indicated on this report is true and accept the and that the information indicated on this report is true and accept the and that the information indicated on this report is true and accept the and that the information indicated on this report is true and accept the and that the information stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this report is true and accept the and that the information indicated on this report is true and accept the and that the information indicated on this report is true and accept the and that the information indicated on this report is true and accept the and that the information indicated on this report is true and accept the and that the information indicated on this report is true and accept the and that the information indicated in the information indicated on this report is true and accept the and that the information indicated in the

STREET ADDRESS CITY-ST-ZIP

ERIC J. HUNTER SIGNATURE: X ERIC J. HUNTER SIGNATURE AND TYPED OR PRINTED RAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1-12-05

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Daytime Phone #