2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M02000000209

1. Entity Name HUDSON MANAGEMENT, LLC



Jan 14, 2008 08:00 Al Secretary of State

FILED

Principal Place of Business

1150 CLEVELAND, STE 300 CLEARWATER, FL 33755

Mailing Address

3110 HIGHLAND ROAD HERMITAGE, PA 16148



01042008 No Chg-LLC

CR2E083 (12/07) ·

4. FEI Number			Applied For
25-1822124			Not Applicable
5. Certificate of Status Desired	П	\$5.00	Additional

6. Name and Address of Current Registered Agent

STROHAUER, GARY N 1150 CLEVELAND, STE 300 CLEARWATER, FL 33755

DO NOT WRITE IN THIS SPACE

CLEARWA	ATER, FL 33755	IN T	HIS SPACE	
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.	(NOTE: Registered Agent signature required when reinstating)	DATE	
	! NOW!!! FEE IS \$138.75 / 1, 2008 Fee will be \$538.75		U00000784096 01/16/08-80033-006 138.75	
9.	MANAGING MEMBERS/MANAGERS			
TITLE	MGR			
NAME	HUDSON, JOHN M			
STREET ADDRESS CITY-ST-ZIP	2450 SHENANGO VALLEY FREEWAY HERMITAGE, PA 16148			
TITLE	HERWITAGE, PA 10140			
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE				
NAME				
STREET ADDRESS	,		NOT WRITE	
CITY-ST-ZIP			Challe of province of the treatment of the contribution of the field of the contribution of the contributi	
TITLÉ			HIS SPACE	
NAME STREET ADDRESS				
CITY-ST-ZIP				
TITLE	ı			
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE				
NAME				
STREET ADDRESS			하다 50 개발 1시 이상 1일을 가 있는 때문이다. 그렇다는 그 모나는	

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 fustee empowered to execute this report as required by Chapter 608. Florida Statutes.

SIGNATURE:

CITY-ST-ZIP

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

1/9/08

77498/1204