

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000001679

FILED
May 06, 2005
Secretary of State

Entity Name: HOCK'S NEST VACATION RENTALS, LLC

Current Principal Place of Business:

4085 S. US HWY 1, #104
ROCKLEDGE, FL 32955

New Principal Place of Business:

Current Mailing Address:

4085 S. US HWY 1, #104
ROCKLEDGE, FL 32955

New Mailing Address:

FEI Number: 84-1582629 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

HOCK, SANDRA L
4085 S. US HWY 1 #104
ROCKLEDGE, FL 32955 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: HOCK, TIMOTHY P
Address: 4085 S US HWY 1, #104
City-St-Zip: ROCKLEDGE, FL 32955

Title: MGR () Delete
Name: HOCK, SANDRA L
Address: 4085 S US HWY 1, #104
City-St-Zip: ROCKLEDGE, FL 32955

Title: MGR () Delete
Name: JOHNSON, PAUL
Address: P.O. BOX 9974
City-St-Zip: BRECKENRIDGE, CO 80424

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: SANDRA HOCK

MM

05/06/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date