

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M97000000539

Entity Name: HOOKER HOMES, LLC

FILED
Jul 18, 2005
Secretary of State

Current Principal Place of Business:

500 WATER STREET
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

500 WATER STREET
J-160
JACKSONVILLE, FL 32202

New Mailing Address:

FEI Number: 58-1154221 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:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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/MANAGERS:

Title: MGR () Delete
Name: MELTON, DONNA W
Address: 500 WATER STREET
City-St-Zip: JACKSONVILLE, FL 32202

Title: MGR () Delete
Name: CROSBY, S A
Address: 301 WEST BAY STREET
City-St-Zip: JACKSONVILLE, FL 32202

Title: MGR () Delete
Name: BOOR, DAVID A
Address: 500 WATER STREET
City-St-Zip: JACKSONVILLE, FL 32202

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: DONNA W. MELTON

MGR

07/18/2005

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