

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M99000000929

FILED  
Apr 08, 2008  
Secretary of State

Entity Name: HUDSON MANAGEMENT, LLC

**Current Principal Place of Business:**

217 OAK AVE  
ANNA MARIA, FL 34216

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 856  
ANNA MARIA, FL 34216

**New Mailing Address:**

FEI Number: 65-0796836

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ZIGULICH, JOSEPH D JR.  
217 OAK AVE  
ANNA MARIA, FL 34216 US

**Name and Address of New Registered Agent:**

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: MGRM ( ) Delete  
Name: BASEMAN, BARBARA  
Address: 217 OAK AVE. (P.O. BOX 856)  
City-St-Zip: ANNA MARIA, FL 34216

Title: MGRM ( ) Delete  
Name: ZIGULICH, PATRICIA  
Address: 217 OAK AVE. (P.O. BOX 856)  
City-St-Zip: ANNA MARIA, FL 34216

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

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

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

Title: MGRM ( ) Change (X) Addition  
Name: ZIGULICH, JOSEPH  
Address: 217 OAK (P.O. BOX 856)  
City-St-Zip: ANNA MARIA, FL 34216

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: BARBARA BASEMAN

MGRM

04/08/2008

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