

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED


04 APR 16 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MK

DOCUMENT # L03000036025

1. Entity Name
HIS - RIPOSTA, LLC



Principal Place of Business
4037 NORTH MONROE STREET
TALLAHASSEE, FL 32303

Mailing Address
4037 NORTH MONROE STREET
TALLAHASSEE, FL 32303

| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



04152004 Chg-LLC CR2E083 (10/03)

4. FEI Number Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|--|--|
| RIPOSTA, MARK B 4037 NORTH MONROE STREET TALLAHASSEE, FL 32303 | Name |
| | Street Address (P.O. Box Number is Not Acceptable) |
| | City |
| | FL Zip Code |


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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | |
|---|--|
| Filing Fee is \$50.00 Due by May 1, 2004 | Make check payable to Florida Department of State |
|---|--|

| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
|--|--|---------------------------------|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MARK B. RIPOSTA 4037 NORTH MONROE STREET TALLAHASSEE, FL 32303 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 100033175411 04/20/04--01059--039 **150.00 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **4/15/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #