

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000041192

FILED  
Jul 09, 2007  
Secretary of State

Entity Name: H.I.S., LLC

**Current Principal Place of Business:**

315 SE MIZNER BLVD  
SUITE 211  
BOCA RATON, FL 33432

**New Principal Place of Business:**

**Current Mailing Address:**

315 SE MIZNER BLVD  
SUITE 211  
BOCA RATON, FL 33432

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      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:**

DESIMONE, MARK  
315 SE MIZNER BLVD  
SUITE 211  
BOCA RATON, FL 33432 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:                      MM                      ( ) Delete  
Name:                      DESIMONE, MARK  
Address:                      315 SE MIZNER BLVD SUITE 211  
City-St-Zip:                      BOCA RATON, FL 33432

**ADDITIONS/CHANGES:**

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

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: MARK DESIMONE

MGR

07/09/2007

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