

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000073772

FILED  
Jan 07, 2008  
Secretary of State

Entity Name: HC ACQUISITION LLC

**Current Principal Place of Business:**

5900 BROKEN SOUND PARKWAY, NW  
BOCA RATON, FL 33487

**New Principal Place of Business:**

**Current Mailing Address:**

5900 BROKEN SOUND PARKWAY, NW  
BOCA RATON, FL 33487

**New Mailing Address:**

FEI Number: 20-5292062

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: SBA SENIOR FINANCE I, I LLC  
Address: 5900 BROKEN SOUND PARKWAY, NW  
City-St-Zip: BOCA RATON, FL 33487

Title: CEO ( ) Delete  
Name: STOOPS, JEFFREY A  
Address: 5900 BROKEN SOUND PARKWAY NW  
City-St-Zip: BOCA RATON, FL 33487

Title: S/GC ( ) Delete  
Name: HUNT, THOMAS P  
Address: 5900 BROKEN SOUND PARKWAY NW  
City-St-Zip: BOCA RATON, FL 33487

Title: VP/T ( ) Delete  
Name: KLINE, PAMELA J  
Address: 5900 BROKEN SOUND PARKWAY NW  
City-St-Zip: BOCA RATON, FL 33487

Title: COO ( ) Delete  
Name: BAGWELL, KURT  
Address: 5900 BROKEN SOUND PARKWAY NW  
City-St-Zip: BOCA RATON, F 33487

Title: CFO ( ) Delete  
Name: MACAIONE, ANTHONY J  
Address: 5900 BROKEN SOUND PARKWAY NW  
City-St-Zip: BOCA RATON, FL 33487

**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:

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 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: THOMAS P. HUNT

S/GC

01/07/2008

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