2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# L08000090866

Entity Name: HUBERT ALLEN HOLDINGS, LLC

Current Principal Place of Business:

201 NORTH FRANKLIN STREET, SUITE 2000
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

201 NORTH FRANKLIN STREET, SUITE 2000
TAMPA, FL 33602

New Mailing Address:

FEI Number: 26-3424975 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REYNOLDS, STEPHEN H
201 NORTH FRANKLIN STREET, SUITE 2000
TAMPA, FL 33602 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: ( ) Delete
Name:
Address:
City-St-Zip:

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

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

ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition
Name: O'KELLY, BILLY W
Address: 201 NORTH FRANKLIN STREET, SUITE 2000
City-St-Zip: TAMPA, FL 33602

Title: MGR ( ) Change (X) Addition
Name: ALLEN, JOEY L
Address: 201 NORTH FRANKLIN STREET, SUITE 2000
City-St-Zip: TAMPA, FL 33602

Title: MGR ( ) Change (X) Addition
Name: ALLEN, RANDY L
Address: 201 NORTH FRANKLIN STREET, SUITE 2000
City-St-Zip: TAMPA, FL 33602

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: BILLY O'KELLY MGR 04/24/2009

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