



**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 20, 2006 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                       |                                                                                   |                                                                                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| <b>DOCUMENT # M04000004418</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                       |  |                                                                                                                    |
| 1. Entity Name<br><b>HSP HOLDINGS, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                       |                                                                                   |                                                                                                                    |
| Principal Place of Business<br><b>101 SUNNYTOWN ROAD, SUITE 201<br/>CASSELBERRY, FL 32707</b>                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                       | Mailing Address<br><b>101 SUNNYTOWN ROAD, SUITE 201<br/>CASSELBERRY, FL 32707</b> |                                                                                                                    |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                       | 3. Mailing Address                                                                |                                                                                                                    |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                       | Suite, Apt. #, etc.                                                               |                                                                                                                    |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                       | City & State                                                                      |                                                                                                                    |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Country                                                                                                               | Zip                                                                               | Country                                                                                                            |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                       | 7. Name and Address of New Registered Agent                                       |                                                                                                                    |
| <b>NATIONAL CORPORATE RESEARCH, LTD., INC.<br/>515 E. PARK AVE.<br/>TALLAHASSEE, FL 32301</b>                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                       | Name                                                                              |                                                                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                       | Street Address (P.O. Box Number is Not Acceptable)                                |                                                                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                       | City                                                                              |                                                                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                       | <b>FL</b> 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 re-registering) _____ DATE _____                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                       |                                                                                   |                                                                                                                    |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2006</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                       | <b>Make check payable to<br/>Florida Department of State</b>                      |                                                                                                                    |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                       | 10. ADDITIONS/CHANGES                                                             |                                                                                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | MTR<br>KRYSTOPOWICZ, WILLIAM<br>101 SUNNYTOWN ROAD SUITE 201<br>CASSELBERRY, FL 32707 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><br>UN00000475068<br>04/04/06-80046-023 50.00 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                  |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                       | 1-25-06 (404) 574-3032                                                            |                                                                                                                    |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                       | Date Daytime Phone #                                                              |                                                                                                                    |