2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000000562

1. Entity Name
HFN, L.L.C.

Principal Place of Business	Mailing Address
5020 COMMERCE PARK CIRCLE PENSACOLA, FL 32505	5020 COMMERCE PARK CIRCLE PENSACOLA, FL 32505

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

Zip	Country	Zip	Country

03152004   Chg-LLC   CR2E083 (10/03)

4. FEI Number — NOT APPLICABLE | 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
BREWER, CHARLES 5020 COMMERCE PARK CIRCLE PENSACOLA, FL 32505	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 _____
Signature, typed or printed name of registered agent and title if applicable   (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	D	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	MURRAY, PATRICK		NAME			
STREET ADDRESS	5020 COMMERCE PARK CIRCLE		STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA, FL 32505		CITY-ST-ZIP			
TITLE	D	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	HERRON, WARREN L JR		NAME			
STREET ADDRESS	5020 COMMERCE PARK CIRCLE		STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA, FL 32505		CITY-ST-ZIP			
TITLE	D	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	TAN, THOMAS		NAME			
STREET ADDRESS	5020 COMMERCE PARK CIRCLE		STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA, FL 32505		CITY-ST-ZIP			
TITLE	D	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	ZIMMERN, WILLIAM		NAME			
STREET ADDRESS	5020 COMMERCE PARK CIRCLE		STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA, FL 32505		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

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04/07/04-30003-013 50.00

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: _____   3/27/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #