

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 10, 2008 08:00 A
Secretary of State

DOCUMENT # L00000000562	
1. Entity Name HFN, L.L.C.	
Principal Place of Business 5020 COMMERCE PARK CIRCLE PENSACOLA, FL 32505	Mailing Address 5020 COMMERCE PARK CIRCLE PENSACOLA, FL 32505



02212008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BREWER, CHARLES
5020 COMMERCE PARK CIRCLE
PENSACOLA, FL 32505

**DO NOT WRITE
IN THIS SPACE**

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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U000000890515
04/22/08-80038-001 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	D
NAME	MURRAY, PATRICK
STREET ADDRESS	5020 COMMERCE PARK CIRCLE
CITY-ST-ZIP	PENSACOLA, FL 32505
TITLE	D
NAME	HERRON, WARREN L JR
STREET ADDRESS	5020 COMMERCE PARK CIRCLE
CITY-ST-ZIP	PENSACOLA, FL 32505
TITLE	D
NAME	TAN, THOMAS
STREET ADDRESS	5020 COMMERCE PARK CIRCLE
CITY-ST-ZIP	PENSACOLA, FL 32505
TITLE	D
NAME	ZIMMERN, WILLIAM
STREET ADDRESS	5020 COMMERCE PARK CIRCLE
CITY-ST-ZIP	PENSACOLA, FL 32505
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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: *Charles Brewer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #