

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000008111**

**1. Entity Name**  
**HVP, SYSTEMS, LLC**



**Principal Place of Business**  
**4975 FAWN RIDGE PLACE**  
**SANFORD, FL 32771**

**Mailing Address**  
**4975 FAWN RIDGE PLACE**  
**SANFORD, FL 32771**



01192005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**01-0597467**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐ **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**BURNEY, LANCE**  
**4975 FAWN RIDGE PL**  
**SANFORD, FL 32771**

**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** \_\_\_\_\_

**Filing Fee is \$50.00**  
**Due by May 1, 2005**

000000191036  
01/24/05-80159-005 50.00

**9. MANAGING MEMBERS/MANAGERS**

<b>TITLE</b>	<b>MGRM</b>
<b>NAME</b>	<b>BURNEY, JAMES L</b>
<b>STREET ADDRESS</b>	<b>1475 FAWN RIDGE PL</b>
<b>CITY-ST-ZIP</b>	<b>SANFORD, FL 32771</b>
<b>TITLE</b>	<b>MGRM</b>
<b>NAME</b>	<b>BURNEY, KIMBERLY L</b>
<b>STREET ADDRESS</b>	<b>4975 FAWN RIDGE PL</b>
<b>CITY-ST-ZIP</b>	<b>SANFORD, FL 32771</b>
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
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<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**DO NOT WRITE  
IN THIS SPACE**

**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:** *James L Burney* **1/19/05** **407-328-9479**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #