## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**计算设计的 医眼神经 医眼神经 经工程证明 的现在分词 医眼神经神经** 

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L03000021833

1. Entity Name
HIPPOCAMPUS, LLC



FILED Mar 06, 2008 08:00 AN Secretary of State

Principal Place of Business

11100 OVERSEAS HIGHWAY MARATHON, FL 33050 US

Mailing Address

11100 OVERSEAS HIGHWAY MARATHON, FL 33050 US



02182008 No Chg-LLC

CR2E083 (12/07)

	EE OO A LINE
26-4923308	Not Applicable
4. FEI Number	Applied For

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WRIGHT, THOMAS D 9711 OVERSEAS HIGHWAY MARATHON, FL 33050

## 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 it applicable	(NOTE; Registered Agent signature required when reinstating)	DATE
FILE After May	NOW!!! FEE IS \$138.75 / 1, 2008 Fee will be \$538.75		
9.	MANAGING MEMBERS/MANAGERS	THE REPORT OF THE PROPERTY OF THE PARTY OF T	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHMITT, BRIAN C 11100 OVERSEAS HIGHWAY MARATHON, FL 33050		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			00000849083 1/98+80006-013,138:75
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NO	TWRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS	SPACE
TITLE ' NAME STREET ADDRESS CITY-ST-ZIP			h intend that a thing to much season as
TITLE NAME STREET ADDRESS CITY-ST-ZIP			

11. I hereby certify that the information supplied with this filling 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 faceiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE SIGNATURE AND TYPED BE PRIME TO AME OF SIGNING MANAGING MEMBER OF AUTHORIZED PROPERSING

BRIAN CSCHMLH 2/28/08 305-289-

Daylime Phone #