
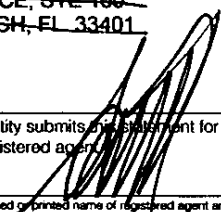
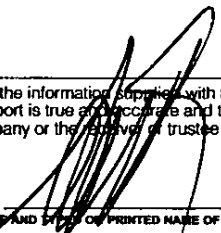


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 08, 2008 8:00 am
Secretary of State

04-08-2008 90042 017 ***138.75

DOCUMENT # L04000010079 1. Entity Name HSP, LLC											
Principal Place of Business 1651 FORUM PLACE, STE 100 WEST PALM BEACH, FL 33401		Mailing Address 1551 FORUM PLACE, STE 100 WEST PALM BEACH, FL 33401									
2. Principal Place of Business - No P.O. Box # 4650 Donald Ross Rd Suite, Apt. #, etc. Suite 200 City & State Palm Beach Gardens Zip 33418		3. Mailing Address 4650 Donald Ross Rd Suite, Apt. #, etc. Suite 200 City & State Palm Beach Gardens Zip 33418									
Country Palm Beach		Country Palm Beach									
4. FEI Number 37-1485414		Applied For <input type="checkbox"/> Not Applicable									
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required									
6. Name and Address of Current Registered Agent BROCK, ANDREW 1551 FORUM PLACE, STE 100 WEST PALM BEACH, FL 33401		7. Name and Address of New Registered Agent Name Brock, Andrew Street Address (P.O. Box Number is Not Acceptable) 4650 Donald Ross Rd Suite 200 City Palm Beach Gardens									
State FL		Zip Code 33418									
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 reinstating)											
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State									
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;"> MGR BROCK, PETER 1651 FORUM PLACE BUILDING 100 WEST PALM BEACH, FL 33401 </td> </tr> <tr> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> </table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BROCK, PETER 1651 FORUM PLACE BUILDING 100 WEST PALM BEACH, FL 33401		<input type="checkbox"/> Delete	10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;"> MGR Brock, Peter 4650 Donald Ross Road, Ste 200 Palm Beach Gardens, FL 33418 </td> </tr> <tr> <td></td> <td style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Brock, Peter 4650 Donald Ross Road, Ste 200 Palm Beach Gardens, FL 33418		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 											
SIGNATURE AND PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE											
Date		Daytime Phone #									