2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 01, 2008 8:00 am Secretary of State

DOCUMENT # L04000010102 1. Entity Name HIT 39, L.L.C.						05-01-200	8 90039 019 **	
Principal Place	e of Business	Mailing Address	!	- .			_	
P.O. BOX 1329 SARASOTA, FL 34230-1329		P.O. BOX 1329 SARASOTA, FL 34230-1329						
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04012008	Chg-LLC	CR2E083 (12/0)6)
City & State		City & State		4	 FEI Number NOT API 	PLICABLE		Applied For Not Applicable
Žip	Country	Zip	Country	Ę	5. Certificate o	of Status Desired	□ \$5.00 Fee Req	Additional uired
	6. Name and Address of Current	Registered Agent	Name	7	7. Name and	Address of New F	Registered Agent	
MCGINNE	SS. W. LEE		Name					
MCGINNESS, W. LEE 1800 SECOND ST, STE 971 SARASOTA, FL 34236		Street Addres		Address (P.C	s (P.O. Box Number is Not Acceptable)			
ur.			City				—a 2 :- a	
			City				FL Zip (
the obligati	named entity submits this statement for ions of registered agent.					n, in the State of Fl		ith, and accept
, ,	Signature, typed or printed name of registered agent	and title if anningable (NOTE						
72.13		and alla mappingation. (NOTE	Registered Agent signa	ture required who	en reinstating)		DATE	
	NOW!!! FEE IS \$138.75 7 1, 2008 Fee will be \$538.79		: Hegistered Agent signs	ture required who	en reinstating)		ce check payable to Department of S	
		5	Hegistered Agent signs	ture required who	en reinstating)		ke check payable t a Department of S	
9.	MANAGING MEMBE	5		ture required who	en reinstating)	Florid	ke check payable t a Department of S	tate
9. TITLE NAME	MANAGING MEMBE MGR SALSER, RANDAL D	FRS/MANAGERS	10. TITLE NAME	ture required whe	en reinstating)	Florid	te check payable to Department of S	tate
9.	MANAGING MEMBE	FRS/MANAGERS	10. TITLE	ture required whe	en reinstating)	Florid	te check payable to Department of S	tate
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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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED TRAME OF SIGNING MANAGING ME

941-316-6820