

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000028949

Entity Name: HISBIZ-ORMOND LLC

FILED
May 01, 2008
Secretary of State

Current Principal Place of Business:

175 S. NOVA ROAD
SUITE 3
ORMOND BEACH, FL 32174 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 291127
PORT ORANGE, FL 32129 US

New Mailing Address:

FEI Number: 52-2441338 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

JOHNSON, STEPHEN E
175 S. NOVA ROAD
SUITE 3
ORMOND BEACH, FL 32174 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: JOHNSON, STEPHEN E
Address: 175 S. NOVA ROAD
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGR () Delete
Name: JOHNSON, TIMOTHY N
Address: P.O. BOX 291081
City-St-Zip: PORT ORANGE, FL 32128

Title: MGR () Delete
Name: JOHNSON, CHRISTOPHER R
Address: 175 S. NOVA ROAD
City-St-Zip: ORMOND, FL 32174

Title: MGR () Delete
Name: JOHNSON, GEOFFREY B
Address: 175 S. NOVA ROAD
City-St-Zip: ORMOND, FL 32174

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: TIMOTHY JOHNSON

CFO

05/01/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date