

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000028949

Entity Name: HISBIZ-ORMOND LLC

FILED
Apr 15, 2009
Secretary of State

Current Principal Place of Business:

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

Current Mailing Address:

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

New Principal Place of Business:

1665 DUNLAWTON AVE.
SUITE 109
PORT ORANGE, FL 32129 US

New Mailing Address:

FEI Number: 52-2441338 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

JOHNSON, STEPHEN E
1665 DUNLAWTON AVE.
SUITE 109
PORT ORANGE, FL 32129 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: STEPHEN E. JOHNSON

04/15/2009

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: MGR (X) Change () Addition
Name: JOHNSON, STEPHEN E
Address: 1665 DUNLAWTON AVE., SUITE 109
City-St-Zip: PORT ORANGE, FL 32129

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

Title: MGR (X) Change () Addition
Name: JOHNSON, CHRISTOPHER R
Address: 1665 DUNLAWTON AVE., SUITE 109
City-St-Zip: PORT ORANGE, FL 32129

Title: MGR (X) Change () Addition
Name: JOHNSON, GEOFFREY B
Address: 1665 DUNLAWTON AVE., SUITE 109
City-St-Zip: PORT ORANGE, FL 32129

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: STEPHEN E. JOHNSON

MGR

04/15/2009

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