


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 31, 2007 08:00 A
Secretary of State

DOCUMENT # L04000053662

1. Entity Name
 HIPPOGRYPH, LLC



Principal Place of Business 808 SPRINGPARK LOOP CELEBRATION FL 34747	Mailing Address 808 SPRINGPARK LOOP CELEBRATION FL 34747
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DO NOT WRITE IN THIS SPACE

(L04000053662C)

05212007No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1522198	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HARRISON, CHARLES R ESQ.
 1413 TROVILLION AVENUE
 WINTER PARK, FL 32789

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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) DATE _____

**Filing Fee is \$50.00
 Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAKSEM, MARY KAY 808 SPRING PARK LOOP CELEBRATION, FL 34797
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MAKSEN, JOHN A 808 SPRING PARK LOOP CELEBRATION, FL 34747
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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: *Mary Kay Maksem* *5-25-07*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #