

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000055668

FILED  
Feb 20, 2008  
Secretary of State

Entity Name: HOTSPOTS, L.L.C.

**Current Principal Place of Business:**

4300 LEGENDARY DRIVE, SUITE 230  
DESTIN, FL 32541

**New Principal Place of Business:**

124 BENNING DR  
#2  
DESTIN, FL 32541

**Current Mailing Address:**

4300 LEGENDARY DRIVE, SUITE 230  
DESTIN, FL 32541

**New Mailing Address:**

P. O. BOX 5924  
DESTIN, FL 32540

FEI Number: 20-1434972

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GILMORE, ROBERT A ESQ  
LEDBETTER & GILMORE, P.L.  
120 BENNING DRIVE STE 1  
DESTIN, FL 32541 US

**Name and Address of New Registered Agent:**

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: TWIGDEN, BENJAMIN  
Address: P.O. BOX 5924  
City-St-Zip: DESTIN, FL 32540

Title: MGR ( ) Delete  
Name: HANN, RUSSELL P  
Address: 4300 LEGENDARY DRIVE, SUITE 230  
City-St-Zip: DESTIN, FL 32541

**ADDITIONS/CHANGES:**

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

Title: MGR (X) Change ( ) Addition  
Name: HANN, RUSSELL P  
Address: 124 BENNING DR - SUITE #2  
City-St-Zip: DESTIN, FL 32541

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: BENJAMIN TWIGDEN

MGR

02/20/2008

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