

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000064853

FILED  
Mar 29, 2005  
Secretary of State

Entity Name: HISIX, LLC

## Current Principal Place of Business:

821 WINDSOR LANE  
KEY WEST, FL 33040 US

## New Principal Place of Business:

## Current Mailing Address:

821 WINDSOR LANE  
KEY WEST, FL 33040 US

## New Mailing Address:

FEI Number: 20-1795490

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DALE, TERI D  
821 WINDSOR LANE  
KEY WEST, FL 33040 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/MEMBERS:

Title: MGRM ( ) Delete  
Name: DALE, TERI D  
Address: 821 WINDSOR LANE  
City-St-Zip: KEY WEST, FL 33040 US

Title: MGRM ( ) Delete  
Name: KENT, SUSAN D  
Address: 821 WINDSOR LANE  
City-St-Zip: KEY WEST, FL 33040 US

Title: MGRM ( ) Delete  
Name: WOZNIAK, NANCY P  
Address: 1351 20TH STREET  
City-St-Zip: KEY WEST, FL 33040 US

Title: MGRM ( ) Delete  
Name: MOORE, LORRAINE S  
Address: 1351 20TH STREET  
City-St-Zip: KEY WEST, FL 33040 US

Title: MGRM ( ) Delete  
Name: TAYLOR, DEBRA A  
Address: 2419 FLAGLER AVENUE  
City-St-Zip: KEY WEST, FL 33040 US

Title: MGRM ( ) Delete  
Name: STERNER, MELISSA  
Address: 2419 FLAGLER AVENUE  
City-St-Zip: KEY WEST, FL 33040 US

## 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:

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 for the exemption stated in Section 119.07(3)(i), 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: TERRI D DALE

MGRM

03/29/2005

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