2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# L04000064853

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/MANAGERS:

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	(X) 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 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: TERI D. DALE MGRM 04/30/2007

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