

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000015783

Entity Name: HPS INVESTMENTS, LLC

FILED
Jan 08, 2008
Secretary of State

Current Principal Place of Business:

29605 US 19
SUITE 130
CLEARWATER, FL 33761

New Principal Place of Business:

Current Mailing Address:

29605 US 19
SUITE 130
CLEARWATER, FL 33761

New Mailing Address:

FEI Number: 20-3571516

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEASE, THOMAS
29605 US 19
SUITE 130
CLEARWATER, FL 33761 US

Name and Address of New Registered Agent:

MUNDINGER, MARK
29605 US 19
SUITE 130
CLEARWATER, FL 33761 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: MARK MUNDINGER

01/08/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: POSTIGLIONE, AUGUSTO
Address: 29605 US 19, SUITE 130
City-St-Zip: CLEARWATER, FL 33761

Title: MGR () Delete
Name: POSTIGLIONE, JUAN LEONARDO
Address: 29605 US 19, SUITE 130
City-St-Zip: CLEARWATER, FL 33761

Title: MGR () Delete
Name: POSTIGLIONE, JOSE HUMBERTO
Address: 29605 US 19, SUITE 130
City-St-Zip: CLEARWATER, FL 33761

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:

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: AUGUSTO POSTIGLIONE

MGRM

01/08/2008

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