

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000022984

Entity Name: HERNANDO 195, L.L.C.

FILED
Jan 12, 2009
Secretary of State

Current Principal Place of Business:

2764 SUNSET POINT ROAD
SUITE 200
CLEARWATER, FL 33759

New Principal Place of Business:

Current Mailing Address:

2764 SUNSET POINT ROAD
SUITE 200
CLEARWATER, FL 33759

New Mailing Address:

FEI Number: 20-2471830

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DONNA J. FELDMAN, P.A.
19321-C US HIGHWAY 19 NORTH
SUITE 103
CLEARWATER, FL 33764 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: BABCOCK, CHARLES I III
Address: 2764 SUNSET POINT ROAD, SUITE 200
City-St-Zip: CLEARWATER, FL 33759

Title: MGR () Delete
Name: BABCOCK, CHRISTOPHER H
Address: 2764 SUNSET POINT ROAD, SUITE 200
City-St-Zip: CLEARWATER, FL 33759

Title: MGR () Delete
Name: KASPER, JAMES H
Address: 2764 SUNSET POINT ROAD, SUITE 200
City-St-Zip: CLEARWATER, FL 33759

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: KORI WIGGS

MGR

01/12/2009

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