

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000030833

FILED
Jan 04, 2008
Secretary of State

Entity Name: HSQ DEVELOPMENT, L.L.C.

Current Principal Place of Business:

14000 MILITARY TRAIL
SUITE 103
DELRAY BEACH, FL 33484 US

New Principal Place of Business:

Current Mailing Address:

14000 MILITARY TRAIL
SUITE 103
DELRAY BEACH, FL 33484 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

QUEVEDO, ANTONIO
14000 MILITARY TRAIL
SUITE 103
DELRAY BEACH, FL 33484 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: HUEBNER, JAY M
Address: 14000 MILITARY TRAIL, SUITE 103
City-St-Zip: DELRAY BEACH, FL 33484

Title: MGRM () Delete
Name: SHEHADEH, NOUR
Address: 14000 MILITARY TRAIL, SUITE 103
City-St-Zip: DELRAY BEACH, FL 33484

Title: MGRM () Delete
Name: QUEVEDO, ANTONIO
Address: 14000 MILITARY TRAIL, SUITE 103
City-St-Zip: DELRAY BEACH, FL 33484

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: ANTONIO QUEVEDO, P.E.

VP

01/04/2008

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