

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000040281

FILED
Apr 27, 2008
Secretary of State

Entity Name: HSP DEVELOPMENT, LLC

Current Principal Place of Business:

1250 S. HIGHWAY 17-92, SUITE 210
LONGWOOD, FL 32750

New Principal Place of Business:

Current Mailing Address:

1250 S. HIGHWAY 17-92, SUITE 210
LONGWOOD, FL 32750

New Mailing Address:

FEI Number: 20-2756834

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, SOUTH & MILHAUSEN, P.A.
C/O RICHARD D. BAXTER, ESQ.
1000 LEGION PLACE STE 1200
ORLANDO, FL 32801 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: HEIDENESCHER, RICHARD E
Address: 1250 S. HIGHWAY 17-92, SUITE 210
City-St-Zip: LONGWOOD, FL 32750

Title: MGR () Delete
Name: SCHURRER, JEFFREY K
Address: 1250 S. HIGHWAY 17-92, SUITE 210
City-St-Zip: LONGWOOD, FL 32750

Title: MGR () Delete
Name: HIGH, THOMAS L
Address: 1250 S. HIGHWAY 17-92, SUITE 210
City-St-Zip: LONGWOOD, FL 32750

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: JEFFREY K. SCHURRER

MGR

04/27/2008

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