

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000048886

Entity Name: HST INVESTMENTS, LLC

FILED
May 03, 2007
Secretary of State

Current Principal Place of Business:

12 C STREET
PANAMA CITY BEACH, FL 32413

New Principal Place of Business:

Current Mailing Address:

12 C STREET
PANAMA CITY BEACH, FL 32413

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

THOMPSON, RICHARD J
12 C STREET
PANAMA CITY BEACH, FL 32413 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: THOMPSON, RICHARD J
Address: 12 C STREET
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: MGRM () Delete
Name: SCOTT, RUSS
Address: 229 ANTIQUA WAY
City-St-Zip: NICEVILLE, FL 32578

Title: MGRM () Delete
Name: HARRISON, STEPHEN
Address: P. O. BOX 3833
City-St-Zip: GULF SHORES, AL 36547

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: RICHARD J THOMPSON

MGR

05/03/2007

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