


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 30, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000065612 1. Entity Name HSA 5-3, LLC	
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Principal Place of Business 2101 S. WAVERLY PLACE, SUITE 100 MELBOURNE, FL 32901	Mailing Address 2101 S. WAVERLY PLACE, SUITE 100 MELBOURNE, FL 32901
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DO NOT WRITE IN THIS SPACE



01152008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-3101701	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WALDRON, THOMAS D ESQ
112 W. NEW HAVEN AVENUE
MELBOURNE, FL 32901

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE VAUGHN D. HOLEMAN DATE 1/17/08

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOLEMAN, VAUGHN D 2101 S. WAVERLY PLACE SUITE 100 MELBOURNE, FL 329001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SUMAN, CRAIG A 2101 S. WAVERLY PLACE SUITE 100 MELBOURNE, FL 32901
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02/05/08-80073-017 138.75

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 VAUGHN D. HOLEMAN DATE 1/17/08 DAYTIME PHONE # 321 768 7887

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE