2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2009
Secretary of State

DOCUMENT# L05000065612

Entity Name: HSA 5-3, LLC

Current Principal Place of Business:

2101 S. WAVERLY PLACE, SUITE 100
MELBOURNE, FL 32901

New Principal Place of Business:

Current Mailing Address:

2101 S. WAVERLY PLACE, SUITE 100
MELBOURNE, FL 32901

New Mailing Address:

FEI Number: 20-3101701 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WALDRON, THOMAS D ESQ
112 W. NEW HAVEN AVENUE
MELBOURNE, FL 32901 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: HOLEMAN, VAUGHN D
Address: 2101 S. WAVERLY PLACE SUITE 100
City-St-Zip: MELBOURNE, FL 329001

Title: MGRM ( ) Delete
Name: SUMAN, CRAIG A
Address: 2101 S. WAVERLY PLACE SUITE 100
City-St-Zip: MELBOURNE, FL 32901

ADDITIONS/CHANGES:

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: VAUGHN D. HOLEMAN MGRM 04/07/2009

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