

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**DOCUMENT # L05000065879**

1. Entity Name  
HSA 5-1, LLC



Principal Place of Business  
2101 S. WAVERLY PLACE, STE. 100  
MELBOURNE, FL 32901

Mailing Address  
2101 S. WAVERLY PLACE, STE. 100  
MELBOURNE, FL 32901

**FILED**

07 APR -2 AM 8:20

CLERK OF STATE  
TALLAHASSEE, FLORIDA



01182007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-3102021

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
HOLEMAN, VAUGHN D  
2101 S. WAVERLY PLACE SUITE 100  
MELBOURNE, FL 32901

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
SUMAN, CRAIG A  
2101 S. WAVERLY PLACE SUITE 100  
MELBOURNE, FL 32901

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

100095642111  
04/03/07--01023--001 \*\*500.00

**DO NOT WRITE  
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:** \_\_\_\_\_

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

2/22/07

Date

(321) 760-7087

Daytime Phone #

204/3