

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 31, 2008 08:00 AM
Secretary of State

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



01152008No Chg-LLC

CR2E083 (12/07)

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 use if applicable

VAUGHN D. HOLEMAN

(NOTE: Registered Agent signature required when reinstating)

1/17/08

DATE

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

9. MANAGING MEMBERS/MANAGERS

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

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

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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CITY-STATE-ZIP

000000808623
02/07/08-80050-009 138.75

**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

VAUGHN D. HOLEMAN

1/17/08

DATE

Daytime Phone #

321 768 7887