

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

00046300

DOCUMENT # L05000076304

04-27-2007 90036 008 \*\*\*\*\*50.00

1. Entity Name  
HERNANDO HILLS LLC

Principal Place of Business

9625 WES KEARNEY WAY  
RIVERVIEW, FL 33569

Mailing Address

9625 WES KEARNEY WAY  
RIVERVIEW, FL 33569

00036100

2. Principal Place of Business - No P.O. Box #

5115 JOANNE KEARNEY BLVD.

3. Mailing Address

5115 JOANNE KEARNEY BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04062007

Chg-LLC

CR2E083 (12/06)

City & State

TAMPA, FL.

City & State

TAMPA, FL.

4. FEI Number

20-3245230

Applied For

Not Applicable

Zip

33619

Country

USA

Zip

33619

Country

USA

5. Certificate of Status Desired

☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HARRIS, TRACY J JR  
9625 WES KEARNEY WAY  
RIVERVIEW, FL 33569

7. Name and Address of New Registered Agent

Name  
JAMES M. REED

Street Address (P.O. Box Number is Not Acceptable)  
5115 JOANNE KEARNEY BLVD.

City  
TAMPA

FL

Zip Code  
33619

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

*James M. Reed*  
Signature, typed or printed name of registered agent and title if applicable.

4/23/07  
(NOTE: Registered Agent signature required when reinstating)

DATE

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

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
HARRIS, TRACY J JR  
9625 WES KEARNEY WAY  
RIVERVIEW, FL 33569 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
KEARNEY, BING CHARLES W JR  
9625 WES KEARNEY WAY  
RIVERVIEW, FL 33569 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
5115 JOANNE KEARNEY BLVD.  
TAMPA FL 33619 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
5115 JOANNE KEARNEY BLVD.  
TAMPA FLORIDA 33619 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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:

*James M. Reed*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/23/07 813 435-7105