

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000082826

Entity Name: HR, LLC

FILED
Jan 05, 2008
Secretary of State

Current Principal Place of Business:

4100 SOUTHPOINT DRIVE EAST, SUITE 3
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

PO BOX 550858
JACKSONVILLE, FL 32255 US

New Mailing Address:

FEI Number: 20-3347117

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HIDAY, ROBERT D PRES
4100 SOUTHPOINT DRIVE EAST, SUITE 3
JACKSONVILLE, FL 32216 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: P () Delete
Name: HIDAY, ROBERT D PRES
Address: 4100 SOUTHPOINT DRIVE E, SUITE 3
City-St-Zip: JACKSONVILLE, FL 32216

Title: D () Delete
Name: RICKE, JEFF J D
Address: 4100 SOUTHPOINT DRIVE E, SUITE 3
City-St-Zip: JACKSONVILLE, FL 32216 US

Title: SECY () Delete
Name: BECKER, JEFFREY R SECY
Address: 4100 SOUTHPOINT DRIVE E, SUITE 3
City-St-Zip: JACKSONVILLE, FL 32216 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ROBERT D. HIDAY

D

01/05/2008

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