

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90149 048 \*\*\*138.75

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                |                           |                                                                                                                                                                                                                                     |                                                                                                                                                         |  |
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| <b>DOCUMENT # L06000028756</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                |                           |                                                                                                                                                                                                                                     |                                                                                                                                                         |  |
| <b>1. Entity Name</b><br>HEMGESBERG SECHREST LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                |                           |                                                                                                                                                                                                                                     |                                                                                                                                                         |  |
| <b>Principal Place of Business</b><br>104 PINE ISLE DRIVE<br>SANFORD, FL 32773 US                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                |                           | <b>Mailing Address</b><br>104 PINE ISLE DRIVE<br>SANFORD, FL 32773 US                                                                                                                                                               |                                                                                                                                                         |  |
| <b>2. Principal Place of Business - No P.O. Box #</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                | <b>3. Mailing Address</b> |                                                                                                                                                                                                                                     |                                                                                                                                                         |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                | Suite, Apt. #, etc.       |                                                                                                                                                                                                                                     |                                                                                                                                                         |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                | City & State              |                                                                                                                                                                                                                                     | <b>4. FEI Number</b><br>03312008 Chg-LLC CR2E063 (12/06)<br>20-4674493                                                                                  |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                | Country                   |                                                                                                                                                                                                                                     | Zip                                                                                                                                                     |  |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                | Country                   |                                                                                                                                                                                                                                     | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>                                                  |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>SHAH SERVICES, LLC<br>4837 POND RIDGE DRIVE<br>RIVERVIEW, FL 33569                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                |                           | <b>7. Name and Address of New Registered Agent</b><br>Name <u>In Corp Services, Inc.</u><br>Street Address (P.O. Box Number is Not Acceptable)<br><u>17888 67th Court North</u><br>City <u>Loxahatchee</u> FL Zip Code <u>33470</u> |                                                                                                                                                         |  |
| <b>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.</b><br>SIGNATURE <u>A. Sechrest on behalf of In Corp Services, Inc.</u> DATE <u>4.1.08</u>                                                                                                                                                                                                               |                                                                                                                |                           |                                                                                                                                                                                                                                     |                                                                                                                                                         |  |
| <b>FILE NOW!!! FEE IS \$138.75</b><br><b>After May 1, 2008 Fee will be \$638.75</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                |                           | Make check payable to<br>Florida Department of State                                                                                                                                                                                |                                                                                                                                                         |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                |                           | <b>10. ADDITIONS/CHANGES</b>                                                                                                                                                                                                        |                                                                                                                                                         |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>MGRM</b><br>SECHREST, ANGELA <input type="checkbox"/> Delete<br>104 PINE ISLE DRIVE<br>SANFORD, FL 32773    |                           | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                          | <b>MGR</b><br>Sechrest, Angela <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>104 Pine Isle Drive<br>Sanford, FL 32773 |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>MGRM</b><br>HEMGESBERG, TONY <input type="checkbox"/> Delete<br>1880 ARLINGTON COURT<br>LONGWOOD, FL 32750  |                           | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                       |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>MGRM</b><br>HEMGESBERG, LAURA <input type="checkbox"/> Delete<br>1880 ARLINGTON COURT<br>LONGWOOD, FL 32750 |                           | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                       |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>MGRM</b><br>SECHREST, BENJAMIN <input type="checkbox"/> Delete<br>104 PINE ISLE DR<br>SANFORD, FL 32773     |                           | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                       |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                                |                           | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                       |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                                |                           | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                       |  |
| <b>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.</b><br><u>Angela Sechrest</u> |                                                                                                                |                           |                                                                                                                                                                                                                                     |                                                                                                                                                         |  |

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