

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000030877

FILED
Apr 21, 2008
Secretary of State

Entity Name: HPS FLORIDA, LLC

Current Principal Place of Business:

831 NORTH ASPEN AVENUE
BROKEN ARROW, OK 74012 US

New Principal Place of Business:

Current Mailing Address:

C/O ERNEST L. MASCARA
475 CENTRAL AVENUE, SUITE 202
ST. PETERSBURG, FL 33701 US

New Mailing Address:

C/O ERNEST L. MASCARA
PO BOX 266
ST. PETERSBURG, FL 33731 US

FEI Number: 20-4553730

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MASCARA, ERNEST L
475 CENTRAL AVENUE
SUITE 202
ST. PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

MASCARA, ERNEST L
721 FIRST AVENUE NORTH
ST. PETERSBURG, FL 33701 US

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: ERNEST L. MASCARA

04/21/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: REYNOLDS, JOHN HAYNES III
Address: 831 NORTH ASPEN AVENUE
City-St-Zip: BROKEN ARROW, OK 74012 US

Title: MGR () Delete
Name: COLLINS, PAUL
Address: 831 NORTH ASPEN AVENUE
City-St-Zip: BROKEN ARROW, OK 74012 US

ADDITIONS/CHANGES:

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: JOHN HAYNES REYNOLDS, III

MGR

04/21/2008

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