

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000035842

FILED
Jan 09, 2009
Secretary of State

Entity Name: HI-CAM DEVELOPMENT, LLC

Current Principal Place of Business:

2275 ATLANTIC BLVD., SUITE 100
NEPTUNE BEACH, FL 32266

New Principal Place of Business:

Current Mailing Address:

2275 ATLANTIC BLVD., SUITE 100
NEPTUNE BEACH, FL 32266

New Mailing Address:

P.O. BOX 330108
ATLANTIC BEACH, FL 32233

FEI Number: 20-4466064

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARY C. SORRELL, P.A.
2275 ATLANTIC BLVD., SUITE 200
NEPTUNE BEACH, FL 32266 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: MGRM () Delete
Name: HIONIDES, CHRIS
Address: 2275 ATLANTIC BLVD., SUITE 100
City-St-Zip: NEPTUNE BEACH, FL 32266

Title: MGRM (X) Delete
Name: CAMPBELL, ERIC
Address: 2275 ATLANTIC BLVD., SUITE 100
City-St-Zip: NEPTUNE BEACH, FL 32266

Title: MGRM (X) Delete
Name: HIONIDES, CHRIS
Address: 2275 ATLANTIC BLVD SUITE 100
City-St-Zip: NEPTUNE BEACH, FL 32266

Title: MGRM (X) Delete
Name: CAMPBELL, ERIC
Address: 2275 ATLANTIC BLVD SUITE 100
City-St-Zip: NEPTUNE BEACH, FL 32266

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:

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: CHRIS HIONIDES

MGRM

01/09/2009

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