


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 14, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L06000045118 1. Entity Name HPIP, LLC	
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Principal Place of Business 1108 RADCLIFFE AVE. LYNN HAVEN, FL 32444 US	Mailing Address PO BOX 1132 LYNN HAVEN, FL 32444 US
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**DO NOT WRITE IN THIS SPACE**



02132008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-4799062	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

PARRY, JOHN R  
 1108 RADCLIFFE AVE.  
 LYNN HAVEN, FL 32444

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PARRY, JOHN R 1108 RADCLIFFE AVE. LYNN HAVEN, FL 32444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HERRING, CHRISTOPHER R 131 MARLIN CIRCLE PANAMA CITY BEACH, FL 32408
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000827959  
 02/22/08-80010-020 138.75

**DO NOT WRITE IN THIS SPACE**

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:  2/13/08 850-258-1889  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #