

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000045118

FILED
Apr 12, 2009
Secretary of State

Entity Name: HPIP, LLC

Current Principal Place of Business:

1108 RADCLIFFE AVE.
LYNN HAVEN, FL 32444 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1132
LYNN HAVEN, FL 32444 US

New Mailing Address:

FEI Number: 20-4799062 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARRY, JOHN R
1108 RADCLIFFE AVE.
LYNN HAVEN, FL 32444 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: PARRY, JOHN R
Address: 1108 RADCLIFFE AVE.
City-St-Zip: LYNN HAVEN, FL 32444 US

Title: MGRM () Delete
Name: HERRING, CHRISTOPHER R
Address: 131 MARLIN CIRCLE
City-St-Zip: PANAMA CITY BEACH, FL 32408 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 R PARRY

MGRM

04/12/2009

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