

**2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000045118

**FILED  
Apr 29, 2011  
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  
**Name:** PARRY, JOHN R  
**Address:** 1108 RADCLIFFE AVE.  
**City-St-Zip:** LYNN HAVEN, FL 32444 US

**Title:** MGRM  
**Name:** HERRING, CHRISTOPHER R  
**Address:** 916 COBIA DR  
**City-St-Zip:** PANAMA CITY BEACH, FL 32408 US

I hereby 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

04/29/2011

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