

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000061059

FILED
May 01, 2008
Secretary of State

Entity Name: HEBENS INVESTMENT CO., L.L.C.

Current Principal Place of Business:

5010 BRANDED OAKS
C/O DEADRICK L. HENRY
TALLAHASSEE, FL 32311

New Principal Place of Business:

5062 HAMPTON RIDGE AVE.
C/O DEADRICK L. HENRY
TALLAHASSEE, FL 32311

Current Mailing Address:

5010 BRANDED OAKS
C/O DEADRICK L. HENRY
TALLAHASSEE, FL 32311

New Mailing Address:

5062 HAMPTON RIDGE AVE.
C/O DEADRICK L. HENRY
TALLAHASSEE, FL 32311

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HENRY, DEADRICK L C/O
5010 BRANDED OAKS
TALLAHASSEE, FL 32311 US

Name and Address of New Registered Agent:

HENRY, DEADRICK L C/O
5062 HAMPTON RIDGE AVE.
TALLAHASSEE, FL 32311 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: DEADRICK HENRY

05/01/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: C/O () Delete
Name: HENRY, TARA B C/O
Address: 5010 BRANDED OAKS
City-St-Zip: TALLAHASSEE, FL 32311

ADDITIONS/CHANGES:

Title: C/O (X) Change () Addition
Name: HENRY, TARA B C/O
Address: 5062 HAMPTON RIDGE AVE.
City-St-Zip: TALLAHASSEE, FL 32311

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: DEADRICK HENRY

MGR

05/01/2008

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