

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000064486

Entity Name: HKI, LLC

FILED
Feb 01, 2007
Secretary of State

Current Principal Place of Business:

950 S. WINTER PARK DRIVE
SUITE 350
CASSELBERRY, FL 32707 US

New Principal Place of Business:

Current Mailing Address:

950 S. WINTER PARK DRIVE
SUITE 350
CASSELBERRY, FL 32707 US

New Mailing Address:

FEI Number: 20-5429535

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAPLAN, JEFFREY L
950 S. WINTER PARK DRIVE
SUITE 350-B
CASSELBERRY, FL 32707 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: MGR () Delete
Name: HAGEN, TERRY D
Address: 950 S. WINTER PARK DRIVE, SUITE 350
City-St-Zip: CASSELBERRY, FL 32707 US

Title: MGR () Delete
Name: KAPLAN, JEFFREY L
Address: 950 S. WINTER PARK DRIVE, SUITE 350-B
City-St-Zip: CASSELBERRY, FL 32707 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: HAGEN, DEBORAH D
Address: 950 S. WINTER PARK DRIVE, STE 350
City-St-Zip: CASSELBERRY, FL 32707

I hereby certify that the information supplied with this filing does not qualify for the 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: TERRY D. HAGEN

MGR

02/01/2007

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