2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# L06000116809

Entity Name: HKN SOLUTIONS, L.L.C.

Current Principal Place of Business:

1915 BLUE SAGE CT
BRANDON, FL 33511 US

New Principal Place of Business:

Current Mailing Address:

1915 BLUE SAGE CT
BRANDON, FL 33511 US

New Mailing Address:

FEI Number: 16-1778774 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NICHOLAS, WILLIAM E
1915 BLUE SAGE CT
BRANDON, FL 33511 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:	NICHOLAS, WILLIAM E	
Address:	1915 BLUE SAGE CT	
City-St-Zip:	BRANDON, FL 33511 US	
Title:	MGRM	( ) Delete
Name:	HARP, CLAUDE M	
Address:	9005 PROMISE DRIVE	
City-St-Zip:	TAMPA, FL 33626 US	
Title:	MGRM	( ) Delete
Name:	NICHOLAS, MARY E	
Address:	1915 BLUE SAGE CT	
City-St-Zip:	BRANDON, FL 33511 US	
Title:	MGRM	( ) Delete
Name:	KESSIE, DANNY	
Address:	5245-90TH TERRACE NORTH	
City-St-Zip:	PINELLAS PARK, FL 33782 US	
Title:	MGRM	( ) Delete
Name:	REEVES, RANNY	
Address:	11196 112TH AVE	
City-St-Zip:	LARGO, FL 33778 US	
Title:	MGRM	( ) Delete
Name:	LOVE, TIM	
Address:	11256 113TH AVE	
City-St-Zip:	LARGO, FL 33778 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: CLAUDE M. HARP MGRM 04/16/2009

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