

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000117904

FILED  
Jan 28, 2008  
Secretary of State

Entity Name: HENNESSEY ARABIAN, LLC

## Current Principal Place of Business:

12780 NW 35TH STREET  
OCALA, FL 34482 US

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 2601  
TAMPA, FL 33601 US

## New Mailing Address:

FEI Number: 02-0796802

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WOLF, FRED D  
6810 SPENCER CIRCLE  
TAMPA, FL 33610 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: WOLF, FRED D  
Address: 5010 BAYSHORE BLVD. #5  
City-St-Zip: TAMPA, FL 33611 US

Title: MGRM ( ) Delete  
Name: HENNESSEY, FRANK M  
Address: 12780 NW 35TH STREET  
City-St-Zip: OCALA, FL 34482 US

Title: MGR ( ) Delete  
Name: WOLF, KAITLIN H  
Address: 6810 SPENCER CIRCLE  
City-St-Zip: TAMPA, FL 33610 US

Title: MGRM ( ) Delete  
Name: HENNESSEY, CAROL  
Address: 12780 NW 35TH STREET  
City-St-Zip: OCALA, FL 34482 US

Title: MGRM ( ) Delete  
Name: HENNESSEY ENTERPRISE, S, INC.  
Address: 287 AUBURN STREET  
City-St-Zip: NEWTON, MA 02466 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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

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

Title: MGR ( ) Change (X) Addition  
Name: ZBYSZEWSKI, JERZY  
Address: 12780 NW 35TH STREET  
City-St-Zip: OCALA, FL 34482 US

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: FRED DAVID WOLF

MGR

01/28/2008

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