2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 15, 2009
Secretary of State

DOCUMENT# L06000117904

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:

12780 NW 35TH STREET
OCALA, FL 34482 US

FEI Number: 02-0796802 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **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:

WOLF, FRED D
6810 SPENCER CIRCLE
TAMPA, FL 33610 US

Name and Address of New Registered Agent:

HENNESSEY, FRANK M
12780 NW 35TH STREET
OCALA, FL 34482 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: FRANK M. HENNESSEY 05/15/2009
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 ENTERPRISES, INC.
Address: 287 AUBURN STREET
City-St-Zip: NEWTON, MA 02466 US

Title: MGR ( ) Delete
Name: ZBYSZEWSKI, JERZY
Address: 12780 NW 35TH STREET
City-St-Zip: OCALA, FL 34482 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: FRANK M. HENNESSEY MGRM 05/15/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date