

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90351 043 ****50.00

DOCUMENT # L06000120182					
1. Entity Name HRO, LLC					
Principal Place of Business 492 HARBORVIEW ROAD SANTA ROSA BEACH, FL 32550 US			Mailing Address 492 HARBORVIEW ROAD SANTA ROSA BEACH, FL 32550 US 755 Grand Blvd. B105-205 Miramar Beach, Florida 32550		
2. Principal Place of Business - No P.O. Box # 492 Harborview Rd.			3. Mailing Address 492 Harborview Rd. 32550		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Santa Rosa Beach, FL		City & State Santa Rosa Beach, FL		4. FEI Number 20-8069122	
Zip 32550		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PHARMES, JAMES 492 HARBORVIEW ROAD SANTA ROSA BEACH, FL 32550				7. Name and Address of New Registered Agent Name: Pharmes, James Street Address (P.O. Box Number is Not Acceptable): 492 Harborview Rd. City: Santa Rosa Beach FL Zip Code: 32550	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <i>[Signature]</i> DATE: 15 FEB 2007					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE: MGRM NAME: 492 O'DONNELL, HUGH R STREET ADDRESS: 492 HARBORVIEW ROAD CITY-ST-ZIP: SANTA ROSA BEACH, FL 32550			TITLE: MGRM NAME: O'Donnell, Hugh STREET ADDRESS: 492 Harborview Road CITY-ST-ZIP: Santa Rosa Beach, FL 32550		
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:			TITLE: MGRM NAME: O'DONNELL, HUGH R. STREET ADDRESS: 755 Grand Blvd. B-105-205 CITY-ST-ZIP: Miramar Beach, Florida 32550		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <i>[Signature]</i> DATE: 15 FEB 2007					