

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000007864

FILED  
Apr 17, 2008  
Secretary of State

**Entity Name:** HEXAPORT BUILDING SYSTEMS OF FLORIDA, LLC

**Current Principal Place of Business:**

1614 MAHAN CENTER, SUITE 104  
TALLAHASSEE, FL 32308

**New Principal Place of Business:**

**Current Mailing Address:**

1614 MAHAN CENTER, SUITE 104  
TALLAHASSEE, FL 32308

**New Mailing Address:**

**FEI Number:** 20-8472192

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

HOROWITZ, MITCHELL I  
501 EAST KENNEDY BOULEVARD  
1700  
TAMPA, FL 33602 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:** CHILES FLORIDA ASSET, S, INC.  
**Address:** 209 SOUTH ADAMS STREET  
**City-St-Zip:** TALLAHASSEE, FL 32301 US

**Title:** MGRM ( ) Delete  
**Name:** HEXAPORT BUILDING SY, STEMS, LLC  
**Address:** 175 AMMON DRIVE, SUITE 107  
**City-St-Zip:** MANCHESTER, NH 03103 US

**ADDITIONS/CHANGES:**

**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:** LAWTON CHILES

MBR

04/17/2008

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