

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000007864

FILED
Mar 17, 2009
Secretary of State

Entity Name: HEXAPORT BUILDING SYSTEMS OF FLORIDA, LLC

Current Principal Place of Business:

247 AIRPORT RD.
CARRABELLE, FL 32322

New Principal Place of Business:

Current Mailing Address:

PO BOX 880
CARRABELLE, FL 32322

New Mailing Address:

FEI Number: 20-8472192

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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:

ANTHONY, ATTALLA P
2190 HWY 98 E
CARRABELLE, FL 32322 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: ANTHONY P ATTALLA

03/17/2009

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: MGRM (X) Change () Addition
Name: ANTHONY, ATTALLA
Address: 247 AIRPORT RD
City-St-Zip: CARRABELLE, FL 32322 US

Title: MGRM (X) Change () Addition
Name: HEXAPORT BUILDING SY, STEMS, LLC
Address: PO BOX 253
City-St-Zip: AMHERST, NH 03031 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: ANTHONY ATTALLA

MGR

03/17/2009

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