2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2008
Secretary of State

DOCUMENT# L07000020352

Entity Name: HIS PEN LLC

Current Principal Place of Business:

2750 OLD ST. AUGUSTINE ROAD G67
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

PO BOX 5034
TALLAHASSEE, FL 32314

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARDIS, HENERY L
2750 OLD ST. AUGUSTINE ROAD G67
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

ARD'IS, MARY C R.
2750 OLD ST. AUGUSTINE ROAD
G67
TALLAHASSEE, FL 32301 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: MARY C.R. ARD'IS 04/14/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: ARIDS, DEZMOND I
Address: PO BOX 5034
City-St-Zip: TALLAHASSEE, FL 32314

Title: MGRM (X) Delete
Name: ARDIS, DOMINICK J I
Address: PO BOX 5034
City-St-Zip: TALLAHASSEE, FL 32314

Title: MGR (X) Delete
Name: ARDIS, MARY
Address: PO BOX 5034
City-St-Zip: TALLAHASSEE, FL 32314

Title: CEOP (X) Delete
Name: ARDIS, MARY
Address: PO BOX 5034
City-St-Zip: TALLAHASSEE, FL 32314

ADDITIONS/CHANGES:

Title: CEOP (X) Change ( ) Addition
Name: ARD'IS, MARY C R.
Address: PO BOX 5034
City-St-Zip: TALLAHASSEE, FL 32314

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: MARY ARD'IS CEOP 04/14/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date