

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000031286

Entity Name: HLA INVESTMENTS, LLC

FILED  
Apr 17, 2008  
Secretary of State

## Current Principal Place of Business:

3734 REED POND DRIVE NORTH  
JACKSONVILLE, FL 32223

## New Principal Place of Business:

9957 MOORINGS DRIVE  
SUITE 301  
JACKSONVILLE, FL 32257

## Current Mailing Address:

3734 REED POND DRIVE NORTH  
JACKSONVILLE, FL 32223

## New Mailing Address:

FEI Number: 20-8771594

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

AINSWORTH, HARRY J III  
3734 REED POND DRIVE NORTH  
JACKSONVILLE, FL 32223 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: MGR ( ) Delete  
Name: AINSWORTH, HARRY J III  
Address: 3734 REED POND DRIVE NORTH  
City-St-Zip: JACKSONVILLE, FL 32223

Title: MGR ( ) Delete  
Name: AINSWORTH, LINDA L  
Address: 3734 REED POND DRIVE NORTH  
City-St-Zip: JACKSONVILLE, FL 32257

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR (X) Change ( ) Addition  
Name: AINSWORTH, LINDA L  
Address: 3734 REED POND DRIVE NORTH  
City-St-Zip: JACKSONVILLE, FL 32223

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: MGR 2/ LINDA AINSWORTH

MGR

04/17/2008

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