2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2008
Secretary of State

DOCUMENT# L07000038918

Entity Name: HLSFIRE HOLDINGS, LLC

Current Principal Place of Business:

216 SOUTH 3RD STREET
FLAGLER BEACH, FL 32136

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 360
FLAGLER BEACH, FL 32136

New Mailing Address:

FEI Number: 20-8788984 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHEEHAN, THOMAS P
216 SOUTH 3RD STREET
FLAGLER BEACH, FL 32136 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: SHEEHAN, THOMAS P
Address: P.O. BOX 360
City-St-Zip: FLAGLER BEACH, FL 32136

Title: MGR ( ) Delete
Name: HELM, CHARLES M
Address: P.O. BOX 360
City-St-Zip: FLAGLER BEACH, FL 32136

Title: MGR ( ) Delete
Name: LAMPERT, GAIL E
Address: 216 SOUTH 3RD STREET
City-St-Zip: FLAGLER BEACH, FL 32136

ADDITIONS/CHANGES:

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

Title: MGR (X) Change ( ) Addition
Name: HELM, CHARLES M
Address: P.O. BOX 328
City-St-Zip: FLAGLER BEACH, FL 32136

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: THOMAS P. SHEEHAN MGR 03/31/2008

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