

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

4 **FILED**  
**May 27, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90032 014 \*\*\*138.75

|  |   |   |   |  |   |
|--|---|---|---|--|---|
| <b>DOCUMENT # L07000040866</b><br>1. Entity Name<br><b>H.C. OF ORLANDO, LLC</b>  |   |   |   |  |   |
| Principal Place of Business<br><b>4468 VIENNA WOODS WAY<br/>GAINESVILLE, FL 32605</b>  |   |   | Mailing Address<br><b>4468 VIENNA WOODS WAY<br/>GAINESVILLE, FL 32605</b> |  |   |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip      Country  |   | 3. Mailing Address<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip      Country |   |  |   |
| 6. Name and Address of Current Registered Agent<br><br><b>ALLEN, RAY F<br/>4468 VIENNA WOODS WAY<br/>GAINESVILLE, FL 32605</b>   |   |   |   | 7. Name and Address of New Registered Agent<br><br>Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City <b>FL</b> Zip Code |   |
| 8. 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. I am familiar with, and accept the obligations of registered agent.  |   |   |   |  |   |
| SIGNATURE _____ (NOTE: Registered Agent signature required when renewing)      DATE _____  |   |   |   |  |   |
| <b>FILE NOW!!! FEE IS \$138.75<br/>After May 1, 2008 Fee will be \$538.75</b>  |   |   | <b>Make check payable to<br/>Florida Department of State</b>              |  |   |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |   |   | <b>10. ADDITIONS/CHANGES</b>  |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>ALLEN, RAY F<br>4468 VIENNA WOODS WAY<br>GAINESVILLE, FL 32605 | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>ALLEN, MICHAEL<br>8470 S.W. 10 PLACE<br>GAINESVILLE, FL 32601 | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>AMERSON, PAT<br>144 LOUANA COVE<br>HOT SPRINGS, AR 71913      | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                                       | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                                       | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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. |   |   |   |  |   |
| <b>SIGNATURE:</b> <i>Ray F. Allen</i> <b>RAY F. ALLEN</b>  |   |   | 4-14-08      352-375-3194   |  |   |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |   |   | <small>Date      Daytime Phone #</small>                                  |  |   |

30007731



02062008 Chg-LLC CR2E083 (12/06)

4. FEI Number **20-8805286**      ☐ Applied For  
☐ Not Applicable

5. Certificate of Status Desired      ☐ \$5.00 Additional Fee Required