2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 14, 2008 8:00 am Secretary of State

DOCUMENT # L07000043428 1. Entity Name HFI 3061, LLC							01-14-2008	90048 0	41 ***13	8.75	
Principal Place of Business Mailing Address						ουυτάθά					
3139 PHILIPS JACKSONVILL		3139 PHILIPS HIGHWAY Jacksonville, Fl. 32207									
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2. Principal Pt	ace of Business - No P.O. Box #	3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.				01042008	Chg-LLC	CR2E0	83 (12/06)		
City & State		City & State			4. FEI Number 26-	-0319560	-	 	plied For t Applicable		
Zip	Country	Zip	Country			5. Certificate of	of Status Desired		\$5.00 Add Fee Require	itional d	
	6. Name and Address of Current	Registered Agent	•	Mama		7. Name and /	Address of New R	egistered /	Agent		
HUGO, RIC	CHARD A			Name							
3139 PHILIPS HIGHWAY JACKSONVILLE, FL 32207				Street Address (P.O. Box Number is Not Acceptable)							
				City					Zin Code		
				City	FL Zip Code						
	named entity submits this statement for ions of registered agent.	or the purpose of changing its	registere	ed office o	r registere	ed agent, or both	i, in the State of Flo	rida. I am	familiar with,	and accept	
SIGNATURE _	Signature, typed or printed name of registered agent	t and title if applicable. (NOT	E: Registere	d Agent signat	ture required	when reinstating)		DATE	•=•		
	FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75										
		5						e check p Departm	ayable to ent of State	•	
After May 9.		ERS/MANAGERS	10.					Departm	ent of State		
After May	1, 2008 Fee will be \$538.7		10. TITLE		Mana Rich		Florida ADDITIONS/	Departm	ent of State	Addition	
9.	1, 2008 Fee will be \$538.7	ERS/MANAGERS	NAM STRE		Rich 3139	ard A. H Philips	ADDITIONS/ ugo Highway	Departm CHANGES	ent of State		
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indicated on this report is true and accurate and that my square 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 employered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

RINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1708

(904) 396-2233

Daytime Phone ■