2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Feb 06, 2008 8:00 am Secretary of State DOCUMENT # L07000049694 02-06-2008 90174 001 ***138.75 02-06-2008 90174 002 *****5.00 HPR MARKETING, LLC. Jeladdress The Goden Harbour Trail Jesenton, FL 34212 Principal Place of Business 211 GOLDEN HARBOUR TRAIL BRADENTON, FL 34212 2. Principal Place of Business - N. 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01152008 Chg-LLC CR2E083 (12/06) 4. FEI Number City & State City & State Applied For 20-5811218 Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent THEEUWES, JÖSEPH & TEAN Street Address (P.O. Box Number is Not Acceptable) 211 GOLDEN HARBOUR TRAIL BRADENTON, FL 34212 City 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 d or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE MGRM ☐ Delete TITLE Change ☐ Addition THEEUWES, JOSEPH NAME NAME STREET ADDRESS 211 GOLDEN HARBOUR TRAIL STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34212 CITY-ST-ZIP MGRM TITLE ☐ Delete TITLE ☐ Change ☐ Addition THEEUWES, JEAN NAME NAME 211 GOLDEN HARBOUR TRAIL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34212 CITY-ST-ZIP TITLE TITLE Delete Change | ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

PED OR PRINTED HAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

2/1/2008