2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 20, 2008 8:00 am Secretary of State

DOCUMENT # L0700086705 1. Entity Name HP FOUR MILE ROAD PROPERTIES, LLC				03-20-2	008 90182 01	7/ ***138.	/5
Principal Place	e of Business	Mailing Address			494		
6675 CORPORATE CENTER PARKWAY		6675 CORPORATE CENTER PARKWAY		6001	0104		
SUITE 100		SUITE 100		000-	-		
JACKSONVILL	F FL 32216	JACKSONVILLE, FL 322	16	' ' '			
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03182008 Chg-LL	C CR2E	083 (12/06)	
City & State		City & State		4. FEI Number	95		plied For t Applicable
Zip	Country	Zip	Country			\$5.00 Addi	
	,		,	5. Certificate of Status De	esired	Fee Required	
	6. Name and Address of Current	Pagistarad Agent		7. Name and Address of	New Registered		
	u. Name and Address of Current	radisteran Marit	Name	7. Name and Address o	How Hogisterou	Agoni	
HANSON, KARL B JR.			1120				
	RA STREET		Street Addres	ss (P.O. Box Number is Not Acc	eptable)		
SUITE 280					<u></u>		
	VILLE, FL 32202						
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			City		Fl	Zip Code	9
8. The above	named entity submits this statement for	the ournose of changing its	registered office or regis	stered agent, or both, in the Sta	te of Florida. Lam	familiar with.	and accept
	ions of registered agent.	the perpetuit an analysis no				,	
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SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	: Registered Agent signature req	uired when reinstating)	DATE	F 98 of	
FILE	Signature, typed or printed name of registered agent in NOWILL FEE IS \$138.75 y 1, 2008 Fee will be \$538.75		Registered Agent signature req	ruired when reinstating)	DATE Make check Florida Departs		
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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.

THE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

LETTAGE A CONN. MOVALING MUNCH.

SIGNATURE: