2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 07, 2008
Secretary of State

DOCUMENT# L07000094662

Entity Name: HSB OF NORTHEAST FLORIDA REALTY, LLC

Current Principal Place of Business:

10175 FORTUNE PARKWAY, SUITE 104
JACKSOVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

10175 FORTUNE PARKWAY, SUITE 104
JACKSOVILLE, FL 32256

New Mailing Address:

FEI Number: 26-1121994 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SELLERS, KRISTI
753 MARSH COVE LANE
PONTE VEDRA BEACH, FL 32082 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: MGRM ( ) Delete
Name: SELLERS, KRISTI
Address: 753 MARSH COVE LANE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGRM ( ) Change (X) Addition
Name: BECKEDORF, TAMMY L
Address: 921 E PLEASANT PLACE
City-St-Zip: ST. JOHNS, FL 32259

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: KRISTI H. SELLERS MGRM 02/07/2008

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