

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000097872

Entity Name: HPN FOOTBALL, LLC

FILED
Apr 15, 2008
Secretary of State

Current Principal Place of Business:

403 VONDERBURG DRIVE
BRANDON, FL 33511

New Principal Place of Business:

403 VONDERBURG DRIVE
BRANDON, FL 33511 US

Current Mailing Address:

403 VONDERBURG DRIVE
BRANDON, FL 33511

New Mailing Address:

403 VONDERBURG DRIVE
BRANDON, FL 33511 US

FEI Number: 26-2405022

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 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: () Delete
Name:
Address:
City-St-Zip:

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

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

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: HENDERSON, GREGORY L
Address: 403 VONDERBURG DR
City-St-Zip: BRANDON, FL 33511 US

Title: MGRM () Change (X) Addition
Name: PHILLIPS, DON
Address: 403 VONDERBURG DR
City-St-Zip: BRANDON, FL 33511 US

Title: MGRM () Change (X) Addition
Name: NORIEGA, JOHN
Address: 403 VONDERBURG DR
City-St-Zip: BRANDON, FL 33511 US

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: GREGORY L. HENDERSON

MGRM

04/15/2008

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