

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000112253

Entity Name: HIPANAI ENTERPRISES, LLC

FILED  
Jun 19, 2008  
Secretary of State

**Current Principal Place of Business:**

3959 VAN DYKE RD  
SUITE #247  
LUTZ, FL 33558

**New Principal Place of Business:**

13110 ARBOR ISLE DR  
SUITE #305  
TEMPLE TERRACE, FL 33637

**Current Mailing Address:**

3959 VAN DYKE RD.  
SUITE #247  
LUTZ, FL 33558

**New Mailing Address:**

13110 ARBOR ISLE DR  
SUITE #305  
TEMPLE TERRACE, FL 33637

FEI Number:  FEI Number Applied For ( )  FEI Number Not Applicable (X)  Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

WILLABUS, CLYDE  
3959 VAN DYKE RD.  
SUITE #247  
LUTZ, FL 33558 US

**Name and Address of New Registered Agent:**

WILLABUS, CLYDE  
13110 ARBOR ISLE DR  
SUITE #305  
TEMPLE TERRACE, FL 33637 US

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: CLYDE WILLABUS

06/19/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  Delete  
Name: WILLABUS, CLYDE  
Address: 3959 VAN DYKE RD. SUITE #247  
City-St-Zip: LUTZ, FL 33558

**ADDITIONS/CHANGES:**

Title: MGRM  Change  Addition  
Name: WILLABUS, CLYDE  
Address: 13110 ARBOR ISLE DR  
City-St-Zip: TEMPLE TERRACE, FL 33637

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: CLYDE WILLABUS

MGRM

06/19/2008

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