2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 13, 2009
Secretary of State

DOCUMENT# L08000000623

Entity Name: HERNANDO LOCKHART FIFTY, LLC

Current Principal Place of Business:

2764 SUNSET POINT ROAD
SUITE 200
CLEARWATER, FL 33759

New Principal Place of Business:

Current Mailing Address:

2764 SUNSET POINT ROAD
SUITE 200
CLEARWATER, FL 33759

New Mailing Address:

FEI Number: 26-1667298 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

KASPER, JAMES H
2764 SUNSET POINT ROAD
SUITE 200
CLEARWATER, FL 33759 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:	KASPER, JAMES H	
Address:	2764 SUNSET POINT ROAD, SUITE 200	
City-St-Zip:	CLEARWATER, FL 33759	
Title:	MGRM	( ) Delete
Name:	CERAOLO, MARK F	
Address:	2764 SUNSET POINT ROAD, SUITE 200	
City-St-Zip:	CLEARWATER, FL 33759	
Title:	MGRM	( ) Delete
Name:	BABCOCK, CHRISTOPHER H	
Address:	2764 SUNSET POINT ROAD, SUITE 200	
City-St-Zip:	CLEARWATER, FL 33759	

ADDITIONS/CHANGES:

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

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: KORI WIGGS MGR 01/13/2009

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