

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000100876

Entity Name: HKM PARTNERS LLC

FILED
Feb 22, 2011
Secretary of State

Current Principal Place of Business:

1526 UNIVERSITY BOULEVARD W
SUITE 435
JACKSONVILLE, FL 32217

New Principal Place of Business:

120 INDIAN HAMMOCK LN.
PONTE VEDRA, FL 32082 US

Current Mailing Address:

1526 UNIVERSITY BOULEVARD W
SUITE 435
JACKSONVILLE, FL 32217

New Mailing Address:

120 INDIAN HAMMOCK LN.
PONTE VEDRA, FL 32082 US

FEI Number: 26-3608157

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSTON, MICHAEL A
1526 UNIVERSITY BOULEVARD W
SUITE 435
JACKSONVILLE, FL 32217 US

Name and Address of New Registered Agent:

JOHNSTON, MICHAEL A
120 INDIAN HAMMOCK LN.
PONTE VEDRA, FL 32082 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: MICHAEL A. JOHNSTON

02/22/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: JOHNSTON, MICHAEL A
Address: 120 INDIAN HAMMOCK LANE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: MGRM
Name: HAUG, TIMOTHY
Address: 1877 CHRISTOPHER POINT RD S
City-St-Zip: JACKSONVILLE, FL 32217

Title: MGRM
Name: MINOT, ALFRED
Address: 24600 DEER TRACE DRIVE
City-St-Zip: PONTE VEDRA, FL 32082

Title: MGRM
Name: CONNER, KEITH
Address: 1009 HEATHERWOOD WAY
City-St-Zip: MELBOURNE, FL 32904

I hereby 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: MICHAEL A. JOHNSTON

MGRM

02/22/2011

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