

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L96000000864

FILED
Apr 23, 2008
Secretary of State

Entity Name: ISC - HS LIMITED COMPANY

Current Principal Place of Business:

1633 PERIWINKLE WAY, SUITE A
SANIBEL ISLAND, FL 33957 US

New Principal Place of Business:

Current Mailing Address:

1633 PERIWINKLE WAY, SUITE A
SANIBEL ISLAND, FL 33957 US

New Mailing Address:

FEI Number: 65-0703002

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MURTY, TIMOTHY J
1633 PERIWINKLE WAY, SUITE A
SANIBEL ISLAND, FL 33957 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: MGR () Delete
Name: HITZ, HANS
Address: 1633 PERIWINKLE WAY, SUITE A
City-St-Zip: SANIBEL ISLAND, FL 33957 US

Title: MGR () Delete
Name: SCHAFER, DORIS
Address: 1633 PERIWINKLE WAY, SUITE A
City-St-Zip: SANIBEL ISLAND, FL 33957 US

Title: MGR () Delete
Name: MURTY, TIMOTHY J
Address: 1633 PERIWINKLE WAY, SUITE A
City-St-Zip: SANIBEL ISLAND, FL 33957 US

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: TIMOTHY J. MURTY

MGR

04/23/2008

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