2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000005697

Entity Name: HERNANDO OAKS, LLC

FILED Aug 30, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1610 BARRANCAS AVE. 40 S. PALAFOX PLACE, SUITE 500

PENSACOLA, FL 32501 PENSACOLA, FL 32502

Current Mailing Address: New Mailing Address:

1610 BARRANCAS AVE. 40 S. PALAFOX PLACE, SUITE 500

PENSACOLA, FL 32501 PENSACOLA, FL 32502

FEI Number: 59-3603927 FEI Number Applied For () FEI Number Not Applicable () 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: Name and Address of New Registered Agent:

LIBERIS, CHARLES S LIBERIS, CHARLES S

1610 BARRANCAS AVE.

40 S. PÁLAFOX PLACE, SUITE 500
PENSACOLA, FL 32501 US
PENSACOLA, FL 32502 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: 08/30/2007

Electronic Signature of Registered Agent Date

ADDITIONS/CHANGES:

MANAGING MEMBERS/MANAGERS:

MARIETTA, GA 30064

City-St-Zip:

Title: MGR () Delete Title: MGR (X) Change () Addition
Name: LIBERIS-BRANNEN DEVE, LOPMENT, LLP Name: LIBERIS-BRANNEN DEVE, LOPMENT, LLP

Address: 1610 BARRANCAS AVE Address: 40 S. PALAFOX PLACE, SUITE 500

City-St-Zip: PENSACOLA, FL 32501 City-St-Zip: PENSACOLA, FL 32502

Title: MGR (X) Delete Title: () Change () Addition

 Name:
 STRECK, FREDERIC C
 Name:

 Address:
 1 N DALE MABRY HIGHWAY, SUITE 1070
 Address:

 City-St-Zip:
 TAMPA, FL 33609
 City-St-Zip:

Title: MGR (X) Delete Title: () Change () Addition

 Name:
 STRECK, FREDERIC C II
 Name:

 Address:
 1 N DALE MABRY HIGHWAY, SUITE 1070
 Address:

City-St-Zip: TAMPA, FL 33609 City-St-Zip:

Title: MGR (X) Delete Title: () Change () Addition
Name: MUSOLF, DANIELLE Name:
Address: 144 WHITLOCK AVE Address:

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.

City-St-Zip:

SIGNATURE: CHARLES S. LIBERIS MGR 08/30/2007