


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 28, 2008 8:00 am
Secretary of State

05-28-2008 90139 040 ***138.75

DOCUMENT # L99000005697

1. Entity Name
HERNANDO OAKS, LLC



Principal Place of Business
**40 S. PALAFOX PLACE, SUITE 500
 PENSACOLA, FL 32502**

Mailing Address
**40 S. PALAFOX PLACE, SUITE 500
 PENSACOLA, FL 32502**

50006061



2. Principal Place of Business - No P.O. Box #
 Suites, Apt. #, etc.

3. Mailing Address
P.O. Box 940
 Suites, Apt. #, etc.

04082008 Chg-LLC CR2E083 (12/06)

City & State
Gulf Breeze FL

Zip Country
32562 USA

4. FEI Number
59-3603927

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**LIBERIS, CHARLES S
 40 S. PALAFOX PLACE, SUITE 500
 PENSACOLA, FL 32502**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LIBERIS-BRANNEN DEVELOPMENT, LLP 40 S. PALAFOX PLACE, SUITE 500 PENSACOLA, FL 32502 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: David A. Brannen 4/30/08 850-434-7700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #