


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90125 015 \*\*\*138.75

DOCUMENT # M04000002925			
1. Entity Name HDI ORLANDO LLC			
Principal Place of Business 2450 FIRE MESA SUITE 160 LAS VEGAS, NV 89128		Mailing Address 2450 FIRE MESA SUITE 160 LAS VEGAS, NV 89128	
2. Principal Place of Business - No P.O. Box # 7501 TRINITY PEAK AVE.		3. Mailing Address 7501 TRINITY PEAK AVE.	
Suite, Apt. #, etc. SUITE 120		Suite, Apt. #, etc. SUITE 120	
City & State LAS VEGAS, NV		City & State LAS VEGAS, NV	
Zip 89128-9035	Country	Zip 89128-9035	Country
6. Name and Address of Current Registered Agent BALSLEY, SHIRLEY 7083 GRAND NATIONAL DRIVE, SUITE 104 ORLANDO, FL 32819		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 <u>Shirley Balsley</u> DATE <u>1-11-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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	MGRM HEALTHDATA INSIGHTS, INC. 2620 REGATTA DRIVE, SUITE 208B LAS VEGAS, NV 89128 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HEALTHDATA INSIGHTS, INC. 7501 TRINITY PEAK AVE., STE 120 LAS VEGAS, NV 89128-9035 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: LANE EDENBUEN DATE 1/14/2008 DAYTIME PHONE # 702.243.8730  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

60003012



01082008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
20-1146059

Applied For  
Not Applicable

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