2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 01, 2009
Secretary of State

DOCUMENT# M99000001499

Entity Name: HSA-LM, LLC

Current Principal Place of Business:

233 SOUTH WACKER DR
SUITE 350
CHICAGO, IL 60606

New Principal Place of Business:

Current Mailing Address:

233 SOUTH WACKER DR
SUITE 350
CHICAGO, IL 60606

New Mailing Address:

FEI Number: 36-4311669 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEXIS DOCUMENT SERVICES INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301 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:	MGRM	( ) Delete
Name:	SHAFFER, JOHN E	
Address:	233 SOUTH WACKER DR SUITE 350	
City-St-Zip:	CHICAGO, IL 60606	
Title:	MGRM	( ) Delete
Name:	SMIETANA, ROBERT E	
Address:	233 SOUTH WACKER DR SUITE 350	
City-St-Zip:	CHICAGO, IL 60606	
Title:	MGRM	( ) Delete
Name:	TINSLEY, STEPHEN J	
Address:	101 W GRAND AVE 200	
City-St-Zip:	CHICAGO, IL 60610	

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: JOHN E. SHAFFER MGR 04/01/2009

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