


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

3/ **FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

03-16-2004 90172 031 \*\*\*\*50.00

**DOCUMENT # L02000005073**

1. Entity Name  
**HLC MANAGEMENT, L.L.C.**



Principal Place of Business  
**138 SO SR 415  
 NEW SMYRNA BEACH, FL 32168**

Mailing Address  
**PO BOX 1500  
 NEW SMYRNA BEACH, FL 32170-1500**

*59-3693513*



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

01282004 Chg-LLC CR2E083 (10/03)

4. FEI Number **59-3692513** Applied For  
**APPLIED FOR** Not Applicable

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

6. Name and Address of Current Registered Agent  
**STORCH, GLENN D ESQ  
 STORCH, HANSEN & MORRIS, P.A.  
 420 SOUTH NOVA RD.  
 DAYTONA BEACH, FL 32114**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reconstituting) DATE \_\_\_\_\_

**Filing Fee is \$30.00  
 Due by May 1, 2004**

**Make check payable to  
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OSW MANAGEMENT, LLC P.O. BOX 1500 NEW SMYRNA BEACH, FL 32127 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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 exemption stated in Section 119.07(3)(i), 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: *Robert L. Hart* **3/08/04 (306) 429-4129**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #