


**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 12, 2003 8:00 am
Secretary of State

03-12-2003 90014 009 ***55.00

DOCUMENT # **L02000011502**

1. Entity Name
HCG, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
114 Park Lake St.

3. Mailing Address
114 Park Lake St.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Orlando FL	City & State Orlando FL	4. FEI Number 50-0002949	Applied For <input type="checkbox"/>
Zip 32803	Country USA	Zip 32803	Country USA
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name **Chester J. Trow**

Street Address (P.O. Box Number is Not Acceptable)
1 NE First Avenue

Suite 303

City **Orcala** FL Zip Code **32470**

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

FEE IS \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Saunders, Eric 114 Park Lake Street Orlando FL 32803	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Graham, Gary 114 Park Lake Street Orlando FL 32803	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: **[Signature]** Date **3/6/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083B (12/02)