


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90251 038 \*\*\*\*50.00

**DOCUMENT # L05000014656**

1. Entity Name  
**HLD4 PROPERTIES, LLC**



Principal Place of Business      Mailing Address  
**502 N. ARMENIA AVENUE**      **502 N. ARMENIA AVENUE**  
**TAMPA, FL 33609**      **TAMPA, FL 33609**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
**901 S. GOLF VIEW ST.**      **901 S. GOLF VIEW ST.**

Suite, Apt. #, etc.      Suite, Apt. #, etc.



04262007    Chg-LLC    CR2E083 (12/06)

City & State      City & State  
**TAMPA FL**      **TAMPA FL**

4. FEI Number      Applied For  
**20-3331931**      Not Applicable

Zip      Country      Zip      Country  
**33609 USA**      **33609 USA**

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

**6. Name and Address of Current Registered Agent**

**KOEHLER, KEITH W**  
**KOEHLER & COMPANY P.A.**  
**502 N. ARMENIA AVENUE**  
**TAMPA, FL 33609**

**7. Name and Address of New Registered Agent**

Name      **KEITH W KOEHLER CPA**

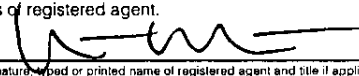
Str      **Koehler & Company, P.A.**

**401 North Howard Avenue**

Ci      **Tampa, FL 33606**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered of the obligations of registered agent.      familiar with, and accept

SIGNATURE       **4/25/07**      DATE

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

**Filing Fee is \$50.00**  
**Due by May 1, 2007**

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

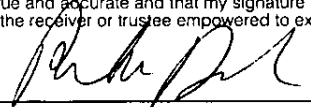
**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR	<input type="checkbox"/> Delete
NAME	KOEHLER, KEITH W	
STREET ADDRESS	502 N ARMENIA AVENUE	
CITY-ST-ZIP	TAMPA, FL 33609	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		

**10. ADDITIONS/CHANGES**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:       **4/20/07**      **(813) 2586996**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #