

File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 MAR 23 PM 4: 17

LA 3/23

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILING FEE \$ 188.75 Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company
DOCUMENT # L92000000062

HPG, L.C.
5341 SW 91ST TERR
STE A
GAINESVILLE FL 32608

1a. Principal Place of Business Address

5341 SW 91ST TERR
STE A
GAINESVILLE FL 32608

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

3. Date Organized or Qualified	3a. State of Formation
12/15/1992	FL
4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
59-3159082	
5. Date of Last Report	6. Certificate of Status Desired
04/17/1997	<input type="checkbox"/> SB 75 Additional Fee Required

7. Name and Address of Current Registered Agent

HAILE PLANT. MAN.,
9905 SW 44TH AVE.
GAINESVILLE FL 32608

8. Name and Address of New Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)
300002466933--2

Suite, Apt. #, etc.

City
-03/24/98--01091--008
***188.75 FL Zip Code ***188.75

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
M	PLAYER, GARY	ONE ERIEVIEW PLAZA	CLEVELAND OH
M	MILLAR, WAYNE	5341 SW 91ST. TERR.	GAINESVILLE FL
M	BLOUNT, CHARLES L	423 S.W. 93RD ST	GAINESVILLE FL
M	ROWE, ROBERT R	5341 SW 91ST. TERR	GAINESVILLE FL
M	HAILE PLANT. MANA. ,	3030 LBJ FREEWAY STE. 350	DALLAS TX

11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: Robert R Rowe ROBERT R ROWE 3/16/98 352 335-7846

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