

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 31, 2002 8:00 am**  
**Secretary of State**

07-31-2002 90106 010 \*\*\*\*50.00

**DOCUMENT # L92000000062**

1. Entity Name  
**HPG, L.C.**

Principal Place of Business  
**9905 SW 44TH AVE.  
 GAINESVILLE FL 32608**

Mailing Address  
**9905 SW 44TH AVE.  
 GAINESVILLE FL 32608**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3159082**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

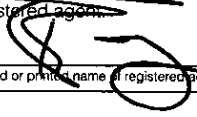
Street Address (P.O. Box Number is Not Acceptable)

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   
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**7/25/02**

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By September 25, 2002**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
M	PLAYER, GARY	ONE ERIEVIEW PLAZA	CLEVELAND OH 44114	<input type="checkbox"/>
M	MILLAR, WAYNE	5341 SW 91ST. TERR.	GAINESVILLE FL 32608	<input type="checkbox"/>
M	BLOUNT, CHARLES L	423 S.W. 93RD ST	GAINESVILLE FL 32607	<input checked="" type="checkbox"/>
M	ROWE, ROBERT R	5341 SW 91ST. TERR	GAINESVILLE FL 32608	<input checked="" type="checkbox"/>
M	HAILE PLANT. MANA.,	3030 LBJ FREEWAY STE. 350	DALLAS TX 75234	<input type="checkbox"/>
				<input type="checkbox"/>

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

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

Date

Daytime Phone #

CR2E083 (4/02)