

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000003758

FILED
May 31, 2004
Secretary of State

Entity Name: HEC INVESTMENT, LLC

Current Principal Place of Business:

C/O GEORGE SACKS, PARTHENON REALTY
1601 FORUM PLACE, STE 410
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

C/O GEORGE SACKS, PARTHENON REALTY
1601 FORUM PLACE, STE 410
WEST PALM BEACH, FL 33401

New Mailing Address:

FEI Number: 86-1086079 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SACKS, GEORGE
C/O PARTHENON REALTY
1601 FORUM PLACE, STE 410
WEST PALM BEACH, FL 33401

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: HEC INVESTMENT MANAG, EMENT, LLC
Address: 1601 FORUM PLACE, STE 410
City-St-Zip: WEST PALM BEACH, FL 33401

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SACKS, GEORGE
Address: 1601 FORUM PLACE, STE 410
City-St-Zip: WEST PALM BEACH, FL 33401

Title: MGRM () Change (X) Addition
Name: SCHENKER, LEONARD
Address: 450 FAIRWAY DRIVE, SUITE 205
City-St-Zip: DEERFIELD BEACH, FL 33441

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: GEORGE SACKS MGR 05/31/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date