

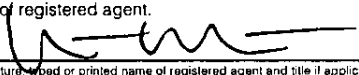
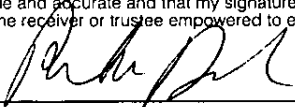


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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

<b>DOCUMENT # L05000014656</b>																				
<b>1. Entity Name</b> HLD4 PROPERTIES, LLC																				
<b>Principal Place of Business</b> 502 N. ARMENIA AVENUE TAMPA, FL 33609			<b>Mailing Address</b> 502 N. ARMENIA AVENUE TAMPA, FL 33609																	
<b>2. Principal Place of Business - No P.O. Box #</b> 901 S. GOLF VIEW ST.		<b>3. Mailing Address</b> 901 S. GOLF VIEW ST.																		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04262007    Chg-LLC    CR2E083 (12/06)																
<b>City &amp; State</b> TAMPA FL		<b>City &amp; State</b> TAMPA FL		<b>4. FEI Number</b> 20-3331931																
<b>Zip</b> 33609		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>																
<b>6. Name and Address of Current Registered Agent</b>  KOEHLER, KEITH W KOEHLER & COMPANY P.A. 502 N. ARMENIA AVENUE TAMPA, FL 33609			<b>7. Name and Address of New Registered Agent</b>  <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Name</td> <td colspan="2">KEITH W KOEHLER CPA</td> </tr> <tr> <td style="padding: 2px;">Str</td> <td colspan="2">Koehler &amp; Company, P.A.</td> </tr> <tr> <td style="padding: 2px;">Ci</td> <td colspan="2">401 North Howard Avenue</td> </tr> <tr> <td style="padding: 2px;"></td> <td colspan="2">Tampa, FL 33606</td> </tr> <tr> <td style="padding: 2px;">Zip Code</td> <td colspan="2"></td> </tr> </table>			Name	KEITH W KOEHLER CPA		Str	Koehler & Company, P.A.		Ci	401 North Howard Avenue			Tampa, FL 33606		Zip Code		
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<b>8. The above named entity submits this statement for the purpose of changing its registered of the obligations of registered agent.</b>																				
SIGNATURE  4/25/07    DATE																				
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>			<b>Make check payable to Florida Department of State</b>																	
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>																
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																
NAME	KOEHLER, KEITH W		NAME																	
STREET ADDRESS	502 N ARMENIA AVENUE		STREET ADDRESS																	
CITY-ST-ZIP	TAMPA, FL 33609		CITY-ST-ZIP																	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																
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CITY-ST-ZIP			CITY-ST-ZIP																	
<b>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.</b>																				
<b>SIGNATURE:</b> 			Date: 4/20/07    Daytime Phone #: (813) 258-6996																	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE																				