

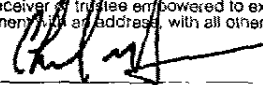


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 03, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F94000002747</b>		
1. Entity Name <b>HLC 1 PARTNERS, INC.</b>		
Principal Place of Business <b>P.O. BOX 13069 SAVANNAH, GA 31416</b>		Mailing Address <b>P.O. BOX 13069 SAVANNAH, GA 31416</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
		 05062004 No Chg-P CR2E034 (10/03)
4. FEI Number <b>58-2103988</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDC HAMMOND, J R 7080 ABERCORN ST. SAVANNAH, GA 31406	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S AIMONE, CHARLES M 7080 ABERCORN ST SAVANNAH, GA	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. 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 or supplemental reports is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>CHARLES M. AIMONE, SEC.</b>		<b>UD00000162006</b> <b>06/03/04-80003-020 150.00</b>  <b>DO NOT WRITE IN THIS SPACE</b>  <b>5/6/04</b> Date <b>912-353-4493</b> Daytime Phone #