2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

FILED Apr 30, 2005 08:00 AM Secretary of State DOCUMENT # L00000010534 1. Entity Name HR PROPERTIES, L.C. Principal Place of Business ... Mailing Address **5050 WEST LEMON STREET** 5050 WEST LEMON STREET TAMPA, FL 33609 TAMPA, FL 33609 04182005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3690576 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SNYDER, KENNETH J DO NOT WRITE 5050 WEST LEMON STREET TAMPA, FL 33609 IN THIS SPACE 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) Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. TITLE MGR BEAN, THOMAS J NAME 5050 WEST LEMON STREET STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33609 TITLE MGR U00000349685 05/02/05-80075-010 50.00 SNYDER, KENNETH J NAME 5050 WEST LEMON STREET STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33609 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 DIPED OR PRINTED NA

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP