

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90082 001 ***100.00

DOCUMENT # L01000012426	
1. Entity Name HDC HOLDINGS, LLC	

Principal Place of Business 25 WEST MAIN STREET 6TH FLOOR MADISON, WI 53703	Mailing Address 25 WEST MAIN STREET 6TH FLOOR MADISON, WI 53703
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34004441

2. Principal Place of Business 18200 SEVILLE CLUBHOUSE DR Suite, Apt. #, etc.	3. Mailing Address 18200 SEVILLE CLUBHOUSE DR Suite, Apt. #, etc.
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03052004 Chg-LLC CR2E083 (10/03)

City & State BROOKSVILLE FL	City & State BROOKSVILLE FL
Zip 34614	Zip 34614
Country HERNANDO	Country HERNANDO

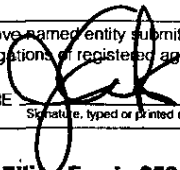
4. FEI Number 01-0806444	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent ZSCHAU, JULIUS J 911 CHESTNUT STREET CLEARWATER, FL 33756	
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7. Name and Address of New Registered Agent Name JAMES V COCCHI Street Address (P.O. Box Number is Not Acceptable) 18200 SEVILLE CLUBHOUSE DR City BROOKSVILLE FL Zip Code 34614	
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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  JAMES V COCCHI 3-9-04
(NOTE: Registered Agent signature required when reinstating)

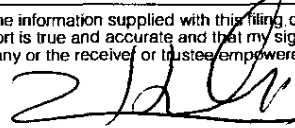
Filing Fee is \$50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WEIMERT, DAVID L 25 WEST MAIN STREET 6TH FLOOR MADISON, WI 53703 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HERNANDO DEVELOPMENT CORP 18200 SEVILLE CLUBHOUSE DR BROOKSVILLE FL 34614 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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:  NACHUM KALKA 3-9-04 352-596-7888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #