

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-28-2004 90082 001 ***100.00

DOCUMENT # L01000012467					
1. Entity Name HDC COMMERCIAL, 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		
2. Principal Place of Business 18200 SEVILLE CLUBHOUSE DR Suite, Apt. #, etc.		3. Mailing Address 18200 SEVILLE CLUBHOUSE DR Suite, Apt. #, etc.			
City & State BROOKSVILLE FL		City & State BROOKSVILLE FL		03052004 Chg-LLC CR2E083 (10/03)	
Zip 34614		Country HERNANDO		4. FEI Number 01-0806441	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent ZSCHAU, JULIUS J 911 CHESTNUT STREET CLEARWATER, FL 33756			7. Name and Address of New Registered Agent Name <u>JAMES V. COCCHI</u> Street Address (P.O. Box Number is Not Acceptable) 18200 SEVILLE CLUBHOUSE DR City <u>BROOKSVILLE</u> State <u>FL</u> Zip Code <u>34614</u>		
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 <u>[Signature]</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<u>JAMES V COCCHI</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		DATE <u>3-9-04</u>	
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WEIMERT, DAVID L 25 WEST MAIN STREET, 6TH FLOOR MADISON, WI 53703	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HERNANDO DEVELOPMENT CORP 18200 SEVILLE CLUBHOUSE DR BROOKSVILLE FL 34614	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>[Signature]</u>		<u>NACHUM KALKA</u>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date <u>3-9-04</u>		Daytime Phone # <u>352-596-7888</u>	