


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 18, 2007 8:00 am**  
**Secretary of State**

01-18-2007 90021 001 \*\*\*250.00

<b>DOCUMENT # L01000012467</b> 1. Entity Name HDC COMMERCIAL, LLC																																																																																																																													
Principal Place of Business 18200 SEVILLE CLUBHOUSE DR BROOKSVILLE, FL 34614			Mailing Address 18200 SEVILLE CLUBHOUSE DR BROOKSVILLE, FL 34614																																																																																																																										
2. Principal Place of Business - No P.O. Box # <b>3 CYPRESS RUN</b>		3. Mailing Address <b>PO Box 3179</b>																																																																																																																											
Suite, Apt. #, etc. <b>33C</b>		Suite, Apt. #, etc.																																																																																																																											
City & State <b>HOMOSASSA FL</b>		City & State <b>HOMOSASSA SPRINGS FL</b>																																																																																																																											
Zip <b>34446</b>		Country <b>CITRUS</b>		Zip <b>34447</b>																																																																																																																									
Country <b>CITRUS</b>		Country <b>CITRUS</b>																																																																																																																											
4. FEI Number 01-0806441			Applied For Not Applicable																																																																																																																										
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>																																																																																																																													
6. Name and Address of Current Registered Agent  COCCHI, JAMES V 18200 SEVILLE CLUBHOUSE DRIVE BROOKSVILLE, FL 34614			7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																																																																																																																										
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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____																																																																																																																													
<b>Filing Fee is \$50.00 Due by May 1, 2007.</b>		<b>Make check payable to Florida Department of State</b>																																																																																																																											
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>9. MANAGING MEMBERS/MANAGERS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">MGR</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>HERNANDO DEVELOPMENT CORP</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>18200 SEVILLE CLUBHOUSE DR.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BROOKSVILLE, FL 34614</td> <td></td> </tr> <tr> <td>TITLE</td> <td>MGRM</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>OPTIMA DHM CORP</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>18200 SEVILLE CLUBHOUSE DRIVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BROOKSVILLE, FL 34614</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> <b>10. ADDITIONS/CHANGES</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  <b>3 CYPRESS RUN #33C</b>  <b>HOMOSASSA, FL 34446</b> </td> <td style="width: 20%;"></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  <b>3 CYPRESS RUN #33C</b>  <b>HOMOSASSA, FL 34446</b> </td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	MGR	<input type="checkbox"/> Delete	NAME	HERNANDO DEVELOPMENT CORP		STREET ADDRESS	18200 SEVILLE CLUBHOUSE DR.		CITY-ST-ZIP	BROOKSVILLE, FL 34614		TITLE	MGRM	<input type="checkbox"/> Delete	NAME	OPTIMA DHM CORP		STREET ADDRESS	18200 SEVILLE CLUBHOUSE DRIVE		CITY-ST-ZIP	BROOKSVILLE, FL 34614		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3 CYPRESS RUN #33C</b> <b>HOMOSASSA, FL 34446</b>		NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3 CYPRESS RUN #33C</b> <b>HOMOSASSA, FL 34446</b>		NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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>SIGNATURE:</b> <u>NACHUM KALKA</u> <u>1-10-07</u> <u>352-382-7138</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																																																																																																																													