

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000017519

Entity Name: HPK GROUP, LLC

FILED
Jan 10, 2005
Secretary of State

Current Principal Place of Business:

8631 SAND LAKE SHORES DRIVE
ORLANDO, FL 32836

New Principal Place of Business:

Current Mailing Address:

PO BOX 1974
WINDERMERE, FL 347861974

New Mailing Address:

FEI Number: 59-3752022

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAGEL, CHESTER J
8631 SAND LAKE SHORES DRIVE
ORLANDO, FL 32836 US

Name and Address of New Registered Agent:

KAGEL, CHET J
8631 SAND LAKE SHORES DRIVE
ORLANDO, FL 32836 US

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.

SIGNATURE: CHET J. KAGEL

01/10/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: KAGEL, CHET
Address: 8631 SAND LAKE SHORES DRIVE
City-St-Zip: ORLANDO, FL 32836

Title: MGR () Delete
Name: PRESTON, PHIL
Address: 212 COUNTRY LANDING BLVD
City-St-Zip: APOPKA, FL 32703

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: KAGEL, CHET J
Address: 8631 SAND LAKE SHORES DRIVE
City-St-Zip: ORLANDO, FL 32836

Title: MGRM (X) Change () Addition
Name: KAGEL, JUDITH A
Address: 8631 SAND LAKE SHORES DRIVE
City-St-Zip: ORLANDO, FL 32836

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: CHET J. KAGEL

MGRM

01/10/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date