


**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 12, 2003 8:00 am
Secretary of State

03-12-2003 90014 009 ****55.00

DOCUMENT # **L02000011502**

1. Entity Name
HCG, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 114 Park Lake St.		3. Mailing Address 114 Park Lake St.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Orlando FL	City & State Orlando FL	4. FEI Number 50-0002949	Applied For <input type="checkbox"/>
Zip 32803	Country USA	Zip 32803	Country USA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name Chester J. Trow	
	Street Address (P.O. Box Number is Not Acceptable) 1 NE First Avenue	
	Suite 303	
	City Orlando	FL Zip Code 32803

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FEE IS \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Saunders, Eric 114 Park Lake Street Orlando FL 32803	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Graham, Gary 114 Park Lake Street Orlando FL 32803	TITLE 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 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]**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/6/03

Date Daytime Phone #

CR2E083B (12/02)