

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000011975

1. Entity Name  
HGH, LLC



**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90439 030 \*\*\*\*50.00

Principal Place of Business  
8033 PERIMETER PARK  
SUITE 1104  
JACKSONVILLE, FL 32216

Mailing Address  
8033 PERIMETER PARK  
SUITE 1104  
JACKSONVILLE, FL 32216

24022704



2. Principal Place of Business

8033 PERIMETER PARK BLD

3. Mailing Address

SAME

Suite, Apt. #, etc.

SUITE 1104

Suite, Apt. #, etc.

03102004 Chg-LLC CR2E083 (10/03)

City & State

JACKSONVILLE, FL

City & State

4. FEI Number

45-0475790

Applied For

Not Applicable

Zip

32216

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HARRIS, FORREST J III  
1515 LORIMIER ROAD  
JACKSONVILLE, FL 32207

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete  
NAME HARRIS, FORREST J III  
STREET ADDRESS 1515 LORIMIER ROAD  
CITY-ST-ZIP JACKSONVILLE, FL 32207

TITLE MGR ☐ Delete  
NAME GASKINS, JAMES A III  
STREET ADDRESS 353 WEST SILVERTHORN LANE  
CITY-ST-ZIP ST AUGUSTINE, FL 32095

TITLE MGR ☒ Delete  
NAME HENLEY, CHARLES F JR  
STREET ADDRESS 8221 HALL LANE  
CITY-ST-ZIP ST AUGUSTINE, FL 32092

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*James A Gaskins III*

3/11/04

904-219-2470