

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED

2004 AUG 20 P 3: 05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



07072004 Chg-LLC CR2E083 (10/03)

DOCUMENT # L02000013301					
1. Entity Name HCX DEVELOPMENT PARTNERS OF THE CAROLINAS, LLC					
Principal Place of Business 4850 West Prospect Road, Ft. Lauderdale, FL 33309			Mailing Address 4850 West Prospect Road, Ft. Lauderdale, FL 33309		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 03-0452914	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  WASCH, JOSEPH C CPA 4850 WEST PROSPECT ROAD FT. LAUDERDALE, FL 33309			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by September 8, 2004</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS / MANAGERS				10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DAYA, MJ 16740 BIRKSALE COMMONS PKWY HUNTERSVILLE, NC 28078	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Craig A. Fleming 4850 W. Prospect Rd., Ft. Lauderdale, FL 33309	
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HERSHEY, MARLIN 16740 BIRKSALE COMMONS PKWY HUNTERSVILLE, NC 28078	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Alexander L. Stanton 4850 W. Prospect Rd., Ft. Lauderdale, FL 33309	
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MAHONEY, BRIAN 16740 BIRKSALE COMMONS PKWY HUNTERSVILLE, NC 28078	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Joseph C. Wasch 4850 W. Prospect Rd., Ft. Lauderdale, FL 33309	
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="font-size: 1.2em; font-weight: bold;">400040647684</div> <div style="font-size: 0.8em;">08/30/04--01093--003 **600.00</div>	
				<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	
				<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>Joseph C. Wasch, Manager</u>				Date: <u>954-315-1900</u>	
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					