





2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90352 041 ****50.00

DOCUMENT # L02000014972 1. Entity Name HOT FIRE GROUP, LLC					
Principal Place of Business 475 S. CHICKASAW TR ORLANDO, FL 32825				Mailing Address 3132 MATTSON DRIVE ORLANDO, FL 32825	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 475 S. CHICKASAW TR. Suite, Apt. #, etc.			
City & State Zip		City & State ORLANDO, FL Zip 32825		4. FEI Number 48-1278904	
Country		Country ORANGE		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent EL HAWARY, AHMED 3132 MATTSON DR ORLANDO, FL 32825				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 475 S. CHICKASAW TR. City ORLANDO FL Zip Code 32825	
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 				AHMED EL-HAWARY 3/8/06 (NOTE: Registered Agent signature required when re-registering) DATE	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EL-HAWARY, AHMED 3132 MATTSON DRIVE ORLANDO, FL 32825	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EL-HAWARY, HUSSEIN 3132 MATTSON DRIVE ORLANDO, FL 32825	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 606, Florida Statutes.					
SIGNATURE: 			AHMED EL-HAWARY 3/8/06 407-761-8100 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #		