2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

4/28/2003-90095-009-$50.00-$50.00

DOCUMENT # L02000026764

FILED
03 OCT 13 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name
THE HP GROUP, LLC

Principal Place of Business	Mailing Address
1730 S. FEDERAL HIGHWAY SUITE 292 DELRAY BEACH FL 33483 US	1730 S. FEDERAL HIGHWAY SUITE 292 DELRAY BEACH FL 33483 US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
20533 Biscayne Blvd	20533 Biscayne Blvd
Suite, Apt. #, etc.: Suite 562	Suite, Apt. #, etc.: Suite 562
City & State: Aventura FL	City & State: Aventuea FL
Zip: 33180 Country: USA	Zip: 33180 Country: USA

4. FEI Number: 33-1027398 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

RA SOLUTIONS, INC.
~~1730 S. FEDERAL HIGHWAY~~
~~SUITE 292~~
~~DELRAY BEACH FL 33483~~
20533 Biscayne Blvd. Suite #562 Aventura, FL 33180

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 Ruth Ann Saunders 7/17/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	RuthAnnSaunders	NAME	
STREET ADDRESS	20533 Biscayne Blvd.	STREET ADDRESS	
CITY-ST-ZIP	Suite 562 Aventura, FL 33180	CITY-ST-ZIP	
TITLE	MGR ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	Diana Saunders	NAME	
STREET ADDRESS	20533 Biscayne Blvd	STREET ADDRESS	
CITY-ST-ZIP	Suite 562 Aventura, FL 33180	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Ruth Ann Saunders 7/17/03 305-682-987
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (4/03)