

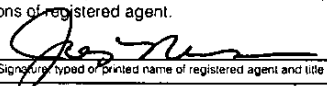



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000028399						<b>FILED</b> 06 JUL 25 AM 8:20 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Entity Name H.L.L. EQUITY INVESTMENTS, L.L.C.							
Principal Place of Business 950 S. TAMiami TRAIL STE. 204 SARASOTA, FL 34236		Mailing Address 950 S. TAMiami TRAIL STE. 204 SARASOTA, FL 34236					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country		07192006 Chg-LLC CR2E083 (11/05)		4. FEI Number 82-0572641	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required		Applied For		Not Applicable	
6. Name and Address of Current Registered Agent  DOERR, KENNETH D 240 S. PINEAPPLE AVENUE, 10TH FLOOR SARASOTA, FL 34236				7. Name and Address of New Registered Agent Name <u>CT CORPORATION SYSTEM</u> Street Address (P.O. Box Number is Not Acceptable) <u>1200 SOUTH PINE ISLAND ROAD</u> City <u>PLANTATION</u> FL Zip Code <u>33324</u>			
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  <small>Signature typed or printed name of registered agent and title if applicable.</small>				JAMES M. NEWSOME Special Assistant Secretary <small>(NOTE: Signature of registered agent required for change of registered agent.)</small>			
Filing Fee is \$50.00 Due by September 6, 2006				Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LIBBY, HAROLD L 950 S. TAMiami TRAIL, STE. 204 SARASOTA, FL 34236	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800078285388 08/02/06--01064--020 **50.00		
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		
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		
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		
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		
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		
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 608, Florida Statutes.							
SIGNATURE: 				07-21-06 724-935-3433			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Date Daytime Phone #</small>			