

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

07 APR 27 PM 4:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L02000028399

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

BK

**DO NOT WRITE IN THIS SPACE**



04252007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
82-0572641

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**DO NOT WRITE  
IN THIS SPACE**

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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME LIBBY, HAROLD L  
STREET ADDRESS 950 S. TAMiami TRAIL, STE. 204  
CITY-ST-ZIP SARASOTA, FL 34236

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05/07/07--01021--019 \*\*50.00

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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: \_\_\_\_\_

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

04-25-07

Date

724-935-3433

Daytime Phone #