

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000029807**

1. Entity Name  
H.G.P. DEVELOPMENT, LIMITED LIABILITY COMPANY



Principal Place of Business  
1127 TALL PINE TRAIL  
GULF BREEZE, FL 32561

Mailing Address  
1127 TALL PINE TRAIL  
GULF BREEZE, FL 32561



04242006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
41-2066562

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

PATAKY, GLORIA JEAN  
1127 TALL PINE TRAIL  
GULF BREEZE, FL 32561

**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, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
PATAKY, HENRY JAMES  
1127 TALL PINE TRAIL  
GULF BREEZE, FL 32561

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
PATAKY, GLORIA JEAN  
1127 TALL PINE TRAIL  
GULF BREEZE, FL 32561

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CITY-ST-ZIP

000000533657  
05/06/06-80132-017 50.00

**DO NOT WRITE  
IN THIS SPACE**

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:** GLORIA JEAN PATAKY *Gloria Jean Pataky*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

*4/24/06 850-723-4210*  
Date Daytime Phone #