

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000031246

Entity Name: HEC MANAGEMENT, LLC

FILED
Aug 07, 2006
Secretary of State

Current Principal Place of Business:

1207 NORTH HIMES AVENUE
TAMPA, FL 33607 US

New Principal Place of Business:

Current Mailing Address:

1207 NORTH HIMES AVENUE
TAMPA, FL 33607 US

New Mailing Address:

FEI Number: 03-0493352 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HENRIQUEZ, SHARON
1207 NORTH HIMES AVENUE
TAMPA, FL 33607 US

Name and Address of New Registered Agent:

HENRIQUEZ, SHARON M
1207 NORTH HIMES AVENUE
TAMPA, FL 33607 US

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.

SIGNATURE: SHARON M. HENRIQUEZ

08/07/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HENRIQUEZ, SHARON
Address: 1207 NORTH HIMES AVENUE
City-St-Zip: TAMPA, FL 33607 US

Title: MGRM () Delete
Name: HENRIQUEZ, KENNETH R
Address: 1207 NORTH HIMES AVENUE
City-St-Zip: TAMPA, FL 33607 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HENRIQUEZ, SHARON M
Address: 1207 NORTH HIMES AVENUE
City-St-Zip: TAMPA, FL 33607 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SHARON M. HENRIQUEZ

V.P.

08/07/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date