## 2005 LIMITED LIABILITY COMPANY

## **FILED ANNUAL REPORT** Apr 06, 2005 08:00 AM DOCUMENT # L02000033931 **Secretary of State** 1. Entity Name HPPC, LLC Principal Place of Business Mailing Address 3501 DEL PRADO BLVD., STE. 206 3501 DEL PRADO BLVD., STE. 206 CAPE CORAL, FL 33904 CAPE CORAL, FL 33904 03082005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 86-1051818 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SHIELDS, CHRISTOPHER J ESQ DO NOT WRITE 1833 HENDRY STREET FT. MYERS, FL 33901 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, 2005 MANAGING MEMBERS/MANAGERS 9. TITLE MGRM NAME WEINER, LESTER E STREET ADDRESS 3501 DEL PRADO BLVD., #206 CITY-ST-ZIP CAPE CORAL, FL 33904 U00000290237 TITLE 04/06/05-80058-004 50.00 WEINER, LESTER E NAME STREET ADDRESS 3501 DEL PRADO BLVD., #206 CITY-ST-ZIP CAPE CORAL, FL 33904 TITLE NAME WEINER, LESTER E STREET ADDRESS 3501 DEL PRADO BLVD., #206 DO NOT WRITE CITY-ST-ZIP CAPE CORAL, FL 33904 IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CXTY-ST-ZIP TITLE

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

NAME STREET ADDRESS CITY-ST-ZIP