



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90428 028 \*\*\*\*50.00

<b>DOCUMENT # L02000033931</b> 1. Entity Name <b>HPPC, LLC</b>					
Principal Place of Business <b>3501 DEL PRADO BLVD., STE. 206 CAPE CORAL FL 33904</b>			Mailing Address <b>3501 DEL PRADO BLVD., STE. 206 CAPE CORAL FL 33904</b>		
2. Principal Place of Business <b>3501 Del Prado Blvd.,</b> Suite, Apt. #, etc. <b>Suite 300</b>		3. Mailing Address <b>3501 Del Prado Blvd.,</b> Suite, Apt. #, etc. <b>Suite 300</b>		  1st MOORE      CR2E083 (10/05)	
City & State <b>Cape Coral, FL</b>		City & State <b>Cape Coral, FL</b>			
Zip      Country <b>33904      USA</b>		Zip      Country <b>33904      USA</b>			
4. FEI Number <b>86-1051818</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				6. Name and Address of Current Registered Agent  <b>SHIELDS, CHRISTOPHER J ESQ 1833 HENDRY STREET FT. MYERS FL 33901</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code				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 _____ (NOTE: Registered Agent signature required when reinstating)      DATE _____					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2006</b>					
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM WEINER, LESTER E 3501 DEL PRADO BLVD., #206 CAPE CORAL FL 33904</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>R WEINER, LESTER E 3501 DEL PRADO BLVD., #206 CAPE CORAL FL 33904</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T WEINER, LESTER E 3501 DEL PRADO BLVD., #206 CAPE CORAL FL 33904</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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 Section 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.					
<b>SIGNATURE: LESTER WEINER, MANAGING MEMBER</b> <i>February 13, 2006</i> (239) 540-8333					