

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90149 032 ****50.00

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01192006 Chg-LLC CR2E083 (11/05)

DOCUMENT # L03000006498 1. Entity Name HP ALASKA PROPERTY, LLC					
Principal Place of Business 255 SOUTH ORANGE AVENUE, SUITE 1700 ORLANDO, FL 32801			Mailing Address 255 SOUTH ORANGE AVENUE, SUITE 1700 ORLANDO, FL 32801		
2. Principal Place of Business 420 South Orange Avenue Suite, Apt. #, etc. Suite 1200		3. Mailing Address Post Office Box 231 Suite, Apt. #, etc.		4. FEI Number APPLIED FOR Applied For <input type="checkbox"/> Not Applicable	
City & State Orlando, Florida		City & State Orlando, Florida			
Zip 32801	Country USA	Zip 32802-0231	Country USA		
6. Name and Address of Current Registered Agent CHRISTIANSSEN, ESQ., PATRICK T 255 SOUTH ORANGE AVENUE, SUITE 1700 ORLANDO, FL 32801				7. Name and Address of New Registered Agent Name Patrick T. Christiansen Street Address (P.O. Box Number is Not Acceptable) 420 South Orange Avenue, Suite 1200 City Orlando FL Zip Code 32801	
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 DATE 1-31-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HUBER, DONALD M 8036 WHITFORD CT WINDERMERE, FL 34786 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Donald M. Huber 625 Main Street, Suite 27 Windermere, Florida 34786 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> Donald M. Huber				Date 2/2/06 Daytime Phone # 407-876-5028	