


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

|   |         |  |  |   |      |
|---|---------|--|--|---|------|
| DOCUMENT # L03000012855   |         |  |  |  |      |
| 1. Entity Name<br><b>HFEI1, LLC</b>   |         |  |  |   |      |
| Principal Place of Business<br><b>311 NORTH NEWPORT AVE.<br/>TAMPA, FL 33606</b>  |         |  | Mailing Address<br><b>311 NORTH NEWPORT AVE.<br/>TAMPA, FL 33606</b>   |   |      |
| 2. Principal Place of Business  |         | 3. Mailing Address   |  |   |      |
| Suite, Apt. #, etc.   |         | Suite, Apt. #, etc.  |  |   |      |
| City & State  |         | City & State   |  |   |      |
| Zip   | Country | Zip  | Country  |   |      |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required   |         |  | 4. FEI Number<br>01052004    Chg-LLC    CR2E083 (10/03)  |   |      |
| 6. Name and Address of Current Registered Agent<br><br><b>HAMILTON, JACK S JR.<br/>311 NORTH NEWPORT AVE.<br/>TAMPA, FL 33606</b>   |         |  | 7. Name and Address of New Registered Agent<br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>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>Filing Fee is \$50.00<br/>Due by May 1, 2004.</b>  |         | <b>Make check payable to<br/>Florida Department of State</b> |  |   |      |
| 9. MANAGING MEMBERS/MANAGERS  |         |  | 10. ADDITIONS/CHANGES  |   |      |
| TITLE   | NAME    | STREET ADDRESS   | CITY-ST-ZIP  | TITLE   | NAME |
|   |         |  |  |   |      |
|   |         |  |  |   |      |
|   |         |  |  |   |      |
|   |         |  |  |   |      |
|   |         |  |  |   |      |
|   |         |  |  |   |      |
|   |         |  |  |   |      |
|   |         |  |  |   |      |
|   |         |  |  |   |      |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____  |         |  | 4-9-04   |   |      |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |         |  | Date   |   |      |
|   |         |  | Daytime Phone #  |   |      |

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04 JUL -7 PM 1:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01052004 Chg-LLC CR2E083 (10/03)

4. FEI Number

Applied For  
Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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, 2004.

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

"MGRM"  
JACK S. HAMILTON, JR  
311 NORTH NEWPORT AVE  
TAMPA FL 33606

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

"MGRM"  
LEE ANNE TRICHEL  
9959 TRAILRIDGE DR.  
SHEVEPORT LA 71106

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

04/19/04 900360 015 \$158.75

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change Addition

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #