

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000012855

Entity Name: HFREI1, LLC

FILED
Apr 12, 2006
Secretary of State

Current Principal Place of Business:

311 NORTH NEWPORT AVE.
TAMPA, FL 33606

New Principal Place of Business:

9959 TRAILRIDGE DR.
SHREVEPORT, LA 71106

Current Mailing Address:

311 NORTH NEWPORT AVE.
TAMPA, FL 33606

New Mailing Address:

9959 TRAILRIDGE DR.
SHREVEPORT, LA 71106

FEI Number: 86-1057019

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

LINSKEY & REIBER
3821 HENDERSON BLVD.
TAMPA, FL 33629 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: SAM REIBER

04/12/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HAMILTON, JACK S JR
Address: 311 NORTH NEWPORT AVE.
City-St-Zip: TAMPA, FL 33606

Title: MGRM (X) Delete
Name: TRICHEL, ARABELLE L
Address: 9959 TRAIL RIDGE DR
City-St-Zip: SHREVEPORT, LA 71106

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: TRICHEL, ARABELLE L
Address: 9959 TRAILRIDGE DR
City-St-Zip: SHREVEPORT, LA 71106

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: ARABELLE LEE TRICHEL

MGRM

04/12/2006

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