2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000013097

1. Entity Name
HG INDUSTRIAL PARK, LLC

Principal Place of Business	Mailing Address
C/O MR. RUBEN GARCIA, MANAGER 2100 PONCE DE LEON BLVD., SUITE 601 CORAL GABLES, FL 33134	C/O MIGUEL G. FARRA, ESQ. 1001 BRICKELL BAY DRIVE, SUITE 900 MIAMI, FL 33131

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04232007 No Chg-LLC CR2E083 (11/05)

4. FEI Number
48-1308361
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

FARRA, MIGUEL G ESQ.
C/O MORRISON, BROWN, ARGIZ & COMPANY, LLP
1001 BRICKELL BAY DRIVE, SUITE 900
MIAMI, FL 33131

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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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing)

Filing Fee is $50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	GARCIA, RUBEN
STREET ADDRESS	2100 PONCE DE LEON BLVD STE 601
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/16/07-80056-021 50.00

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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: _____ 4/27/07
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #