

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90021 045 \*\*\*\*55.00

<b>DOCUMENT # L03000030808</b> 1. Entity Name <b>HFSWEG, LLC</b>					
Principal Place of Business <b>C/O WEALTHENHANCEMENT GROUP</b> <b>5621 STRAND BLVD # 304</b> <b>NAPLES, FL 34110 US</b>				Mailing Address <b>5621 STRAND BLVD</b> <b>304</b> <b>NAPLES, FL 34110</b>	
2. Principal Place of Business <b>1770 TARPON BAY DR. S.</b>				3. Mailing Address <b>12060 TOSCANA WAY</b>	
Suite, Apt. #, etc. <b># 202</b>				Suite, Apt. #, etc. <b># 102</b>	
City & State <b>NAPLES FLORIDA</b>		City & State <b>BONITA SPRINGS FLA</b>		4. FEI Number <b>57-1189148</b>	
Zip <b>34109</b>		Zip <b>34135</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
Country <b>USA</b>		Country <b>USA</b>		04142006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent  <b>HESS, DAVID J</b> <b>12060 TOSCANA WAY</b> <b>102</b> <b>BONITA SPRINGS, FL 34135</b>				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> 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 <u><i>David J Hess</i></u> DATE <u>4/27/06</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2006</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MNGR HESS, DAVID J 12060 TOSCANA WAY #102 BONITA SPRINGS, FL 34135			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
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 <u><i>David J Hess</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<u>4/27/06</u> <u>952-212-8196</u> <small>Date Daytime Phone</small>	

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