

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Feb 14, 2005 08:00 AM
Secretary of State**

DOCUMENT # L03000043685

1. Entity Name
HGHC LLC



Principal Place of Business
**1836 RED RD
CLEWISTON, FL 33440**

Mailing Address
**1836 RED RD
CLEWISTON, FL 33440**

DO NOT WRITE IN THIS SPACE



02092005No Chg-LLC

CR2E083 (10/03)

4. FEI Number
06-1713769

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**ELDER, PEGGY G
1836 RED RD
CLEWISTON, FL 33440**

**DO NOT WRITE
IN THIS SPACE**

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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
HARRELL, HENRY G
1836 RED RD
CLEWISTON, FL 33440**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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02/15/05-80017-012 55.00

**DO NOT WRITE
IN THIS SPACE**

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

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

Date

Daytime Phone #

Henry G. Harrell
2/9/05 (0637)
227 4481