


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

4 **FILED**
May 26, 2005 8:00 am
Secretary of State

04-14-2005 90030 021 ****50.00

30007590

DOCUMENT # L04000010414			
1. Entity Name HDI WINTER PARK, LLC			
Principal Place of Business 423 SOUTH KELLER ROAD, SUITE 201 ORLANDO, FL 32810		Mailing Address 423 SOUTH KELLER ROAD, SUITE 201 ORLANDO, FL 32810	
2. Principal Place of Business 1151 North Orange Avenue Winter Park, FL 32789		3. Mailing Address 1151 North Orange Avenue Winter Park, FL 32789	
Zip	Country USA	Zip	Country USA
4. FEI Number 20-0942673		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent TATICH, PHILIP 341 NORTH MAITLAND AVENUE, SUITE 340 MAITLAND, FL 32751		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 _____ (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mgr Howard B. Lefkowitz 1151 N. Orange Ave Winter Park, FL 32789 <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
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
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
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 officer or trustee empowered to execute this report as required by Chapter 600, Florida Statutes.			
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE		Date 4/11/05 Daytime Phone # 407-667-8989	
HOWARD B. LEFKOWITZ, mgr.			