

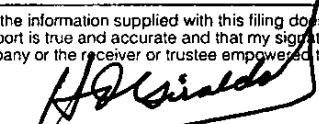


FILED
May 03, 2005 8:00 am
Secretary of State

[illegible]

DOCUMENT # L04000031154				Secretary of State	
1. Entity Name HDG, LLC				05-03-2005 90014 033 ****50.00	
Principal Place of Business 6101 WEBB ROAD, SUITE 208 TAMPA, FL 33615		Mailing Address 6101 WEBB ROAD, SUITE 208 TAMPA, FL 33615			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04272005 Chg-LLC CR2E083 (10/03)	
City & State		City & State		4. FEI Number 20-1044768	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DUNSFORD, TINA ESQ. % / ENTERPRISE CENTER / WACHOVIA CENTER 100 SOUTH ASHLEY DRIVE, SUITE 1500 TAMPA, FL 33602				7. Name and Address of New Registered Agent Name: DUNSFORD, TINA ESQ. Street Address (P.O. Box Number is Not Acceptable): 200 CENTRAL Avenue Suite 1600 City: St. Petersburg FL Zip Code: 33701	
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) DATE _____					
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 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
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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: 			Date: 4/29/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					