005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Jan 31, 2005 8:00 am Secretary of State DOCUMENT # L04000050506 1. Entity Name 01-31-2005 90197 001 ****55.00 HEDBERG ASSOCIATES, LLC Principal Place of Business Mailing Address 5830 HIDDEN OAKS LANE 5830 HIDDEN OAKS LANE 20005100 NAPLES FL 34119 NAPLES FL 34119--113 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/04) City & State City & State 4. FEI Number Applied For 65-0498664 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HEDBERG, GEORGE K Street Address (P.O. Box Number is Not Acceptable) 5830 HIDDEN OAKS LANE NAPLES FL 34119 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 MANAGING MEMBERS / MANAGERS 9. 10. ADDITIONS/CHANGES MGRM TITLE Delete TITLE ☐ Change Addition HEDBERG, GEORGE K NAME NAME STREET ADDRESS 5830 HIDDEN OAKS LANE STREET ADDRESS CITY-ST-ZIP NAPLES FL 34119 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition NUME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Detete ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-SI-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY+ST-7IP

☐ Delete

FILED

☐ Addition