2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

| DOCUMENT # L04000052505 1. Entity Name | | | | Secretary of State |
|--|--|---------------------------------------|---------------------------------------|--|
| HFPS1, LI | rc | , | | |
| Principal Place | e of Business | Mailing Address | | 1 |
| 4010 STATE TAMPA FL 3 | | 4010 STATE STREET TAMPA FL 33609 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | S SEES/SEA MAN BERKI KINNI KENI BERKI KENIC MANGA CAME NAMA MANG MANG MANG AR WERE AR WERE |
| Suile, Apt. #, etc. | | Suite, Apt. #, etc. | | 1st MOORE CR2E083 (10/05) |
| City & State | | City & State | | 4. FEI Number NO-T APPLICABLE Not Applied For |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired South Status Desired Speak Required |
| | 6. Name and Address of Curre | nt Registered Agent | | 7. Name and Address of New Registered Agent |
| WOLDON D. MOTOR W. | | | Name | |
| HOLCOMB, VICTOR W 106 SOUTH TAMPANIA AVENUE, SUITE 200 TAMPA FL 33609 | | | 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 reg | | | registered office or registe. | |
| | ions of registered agent. | To the purpose of changing to | regions and an egions. | |
| SIGNATURE. | Signature, typed or printed name of registered ag- | ant and tale if epplicable (NOTO | E Registered Agent signature required | d when reinstating) DATE |
| | | FILE NO | OWJ!! FEE IS \$50.60 | - M |
| | | | le to Florida Departme | ent of State |
| | | Du | e By May 1, 2006 | The State of the S |
| 9. | MANAGING MEM | BERS/MANAGERS | 10. | ADDITIONS/CHANGES |
| गार | MGR | ☐ Delele | HILE | ☐ Change ☐ AC |
| NAME STREET ADDRESS | HARPER, WILLIAM H 4010 STATE ST. | | NAME STREET ADDRESS | <i>9</i> 0000043 7548 |
| CITY-ST-ZIP | TAMPA FL 33609 | | CITY-ST-ZIP | 02/28/06-30046-004 1 00.0 0 |
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| MAME | | 1 | NAME | |
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| NAME | | -1 0000E | NAME | La diverge Language Company |
| STREET ADDRESS | | • | STREET ADDRESS | |
| City-ST-ZIP | | | CISY-ST-ZIP | |
| TIME | | : Delote | TITLE | ☐ Change ☐ Ad |
| NAME STREET ADDRESS | | • | NAME Street address | |
| CHY-ST-ZIP | | : | City-ST-Zip | |
| 11 I herehu | certify that the information supplied | with this filing does not quality | for the exemptions contains | ed in Section 119, Florida Statutes. I further certify that the information |
| indicated | on this report is true and accurate ability company or the receiver or true. | and that my signature shall hav | re the same legal effect as | if made under cath; that I am a managing member or manager of t |

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