

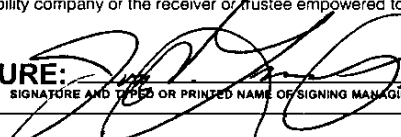


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 27, 2007 8:00 am**  
**Secretary of State**

03-27-2007 90199 022 \*\*\*150.00

<b>DOCUMENT # L04000070121</b> 1. Entity Name HGL INVESTMENT GROUP, LLC					
Principal Place of Business 1400 HAND AVE UNIT B ORMOND BEACH, FL 32174			Mailing Address 1400 HAND AVE UNIT B ORMOND BEACH, FL 32174		
2. Principal Place of Business - No P.O. Box # 555 W. GRANADA BLVD. Suite, Apt. #, etc. SUITE A-7 City & State ORMOND BEACH, FL Zip 32174 Country VOLUSIA		3. Mailing Address 555 W. GRANADA BLVD. Suite, Apt. #, etc. SUITE A-7 City & State ORMOND BEACH, FL Zip 32174 Country VOLUSIA			
03222007 Chg-LLC CR2E083 (12/06)				4. FEI Number 65-1233970 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 GARTHE, J. STEVEN 1400 HAND AVE UNIT B ORMOND BEACH, FL 32174			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) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAYES, RONALD E 10 RIDGE TRL ORMOND BEACH, FL 32174	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GARTHE, J. STEVEN 5 KING PHILLIPS WAY ORMOND BEACH, FL 32174	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LENNARTZ, JOSEPH V 4 PINE BLUFF TRAIL ORMOND BEACH, FL 32174	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAYES, R. TODD 2485 ARABIAN TRL ORMOND BEACH, FL 32174	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAYES, R. TODD 2485 ARABIAN TRL ORMOND BEACH, FL 32174	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAYES, R. TODD 2485 ARABIAN TRL ORMOND BEACH, FL 32174	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAYES, R. TODD 2485 ARABIAN TRL ORMOND BEACH, FL 32174	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> 		JOSEPH V. LENNARTZ		3/23/07 (386) 212-1686	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	