

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000072801		
1. Entity Name H&G INVESTMENTS, LLC		



Principal Place of Business 6930 PALMETTO CIRCLE SOUTH, SUITE #20 BOCA RATON FL 33433	Mailing Address 6930 PALMETTO CIRCLE SOUTH, SUITE #20 BOCA RATON FL 33433
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E083 (10/05)

4. FEI Number 37-1496463	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent GIVONI, ELISCHA 6930 PALMETTO CIRCLE SOUTH, SUITE #203 BOCA RATON FL 33433		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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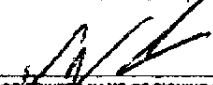
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE	Signature, typewritten or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when re-installing)	DATE
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FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GIVONI, ELISCHA 6930 PALMETTO CIRCLE SOUTH, SUITE #203 BOCA RATON FL 33433	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U000000428114 02/21/06-80036-010 50.00	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GIVONI, AMY G 6930 PALMETTO CIRCLE SOUTH, SUITE #203 BOCA RATON FL 33433	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE: 	2/6/06 567706-2900
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