

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 13, 2005 8:00 am
Secretary of State

05-02-2005 90126 006 ****50.00

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| DOCUMENT # L04000093504 | | | | | |
| 1. Entity Name HLPG NEWACO, LLC. | | | | | |
| Principal Place of Business 5471 SPRING HILL DRIVE SPRING HILL, FL 34606 US | | | Mailing Address 5471 SPRING HILL DRIVE SPRING HILL, FL 34606 US | | |
| 2. Principal Place of Business 3031 Landover Blvd. Suite, Apt. #, etc. | | | 3. Mailing Address 3031 Landover Blvd. Suite, Apt. #, etc. | | |
| City & State Spring Hill, Fl | | City & State Spring Hill, Fl | | 4. FE# Number 16-1712468 | |
| Zip 34608 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent LOWE, DOUKISSA M MS 304 W. LIME ST. TARPON SPRINGS, FL 34689 | | | | 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 resigning) _____ 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 | MGR HLPG NEWACO, LLC. 5471 SPRING HILL DRIVE SPRING HILL, FL 34606 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Managing Member Joseph T. Hurley 3031 Landover Blvd. Spring Hill, Fla 34608 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input 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: <i>Joseph T. Hurley</i> MANAGING MEMBER <i>4/29/05</i> <i>(352) 682-7811</i> | | | | | |

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