

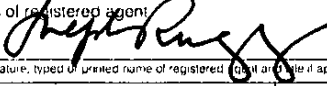
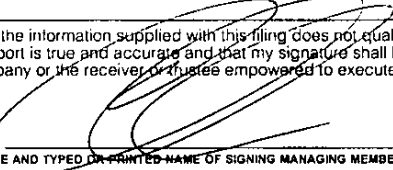


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-30-2006 90191 027 ****50.00

DOCUMENT # L04000093504 1. Entity Name HLPG NEWACO, LLC.					
Principal Place of Business 3031 LANDOVER BLVD-- SPRING HILL, FL 34608----US				Mailing Address 3031 LANDOVER BLVD----- SPRING HILL, FL 34608----US	
2. Principal Place of Business c/o MBR AND ASSOCIATES		3. Mailing Address c/o MBR AND ASSOCIATES			
Suite, Apt. #, etc. 4519 GEORGE ROAD, SUITE 100		Suite, Apt. #, etc. 4519 GEORGE ROAD, SUITE 100		03242006 Chg-LLC CR2E083 (11/05)	
City & State TAMPA, FLORIDA		City & State TAMPA, FLORIDA		4. FEI Number 16-1712468	
Zip 33634		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 AMERICAN INFORMATION SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) SUNTRUST FINANCIAL CENTRE 401 EAST JACKSON STREET, SUITE 1700 City TAMPA FL Zip Code 33602	
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:  JOSEPH RUGG, VICE PRESIDENT MARCH 20, 2006 <small>Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2006		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----	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	MANAGER AND PRESIDENT CHRISTOPHER J. LOMBARDI c/o MBR AND ASSOCIATES 4519 GEORGE ROAD, SUITE 100 TAMPA, FLORIDA 33634	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR----- HURLEY, JOSEPH T----- 3031 LANDOVER BLVD----- SPRING HILL, FL 34608----	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	MANAGER GABRIEL PEREZ c/o MBR AND ASSOCIATES 4519 GEORGE ROAD, SUITE 100 TAMPA, FLORIDA 33634	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	MANAGER CARLOS GIAMMATTEI c/o MBR AND ASSOCIATES 4519 GEORGE ROAD, SUITE 100 TAMPA, FLORIDA 33634	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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
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
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.					
SIGNATURE: 		Christopher J. Lombardi Manager and President March 17, 2006 813-477-2594			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>			