

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 APR -7 AM 9:29

DOCUMENT # L05000027601

1. Entity Name  
HS PROPERTY GROUP LLC



Principal Place of Business  
1850 SE 17TH STREET  
SUITE 300  
FORT LAUDERDALE, FL 33316 US

Mailing Address  
1850 SE 17TH STREET  
SUITE 300  
FORT LAUDERDALE, FL 33316 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02092006 Chg-LLC CR2E083 (11/05)

City & State

City & State

4. FEI Number  
01-0849431

Applied For  
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WRIGHT, PETER W  
1850 SE 17TH STREET  
SUITE 300  
FORT LAUDERDALE, FL 33316

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 MGR  
NAME HUDSON, STEVEN W ☐ Delete  
STREET ADDRESS 1850 SE 17TH STREET, SUITE 300  
CITY-ST-ZIP FORT LAUDERDALE, FL 33316

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 500070437015  
CITY-ST-ZIP 04/14/06--01022--017 \*\*50.00

TITLE MGR ☐ Delete  
NAME BODENWEBER, HOLLY  
STREET ADDRESS 1850 SE 17TH STREET, SUITE 300  
CITY-ST-ZIP FORT LAUDERDALE, FL 33316

TITLE MGRM ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGR ☐ Delete  
NAME WRIGHT, PETER W  
STREET ADDRESS 1850 SE 17TH STREET, SUITE 300  
CITY-ST-ZIP FORT LAUDERDALE, FL 33316

TITLE MGRM ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Peter W. Wright 3/21/06 954-356-5800