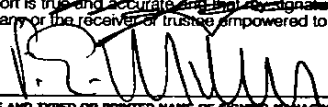


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90011 034 ****50.00

DOCUMENT # L05000028424 1. Entity Name H.G. LLC					
Principal Place of Business 801 BRICKELL AVENUE, STE. 2380 MIAMI, FL 33131			Mailing Address 801 BRICKELL AVENUE, STE. 2380 MIAMI, FL 33131		
2. Principal Place of Business 744 Biltmore Way Suite, Apt. #, etc. Suite 2 City & State Coral Gables, FL Zip 33134		3. Mailing Address c/o FERNANDO MENOYO 744 Biltmore Way, Suite 2 Suite, Apt. #, etc. City & State Coral Gables, FL Zip 33134			
03302006 Chg-LLC CR2E083 (11/05)				4. FEI Number 43-2079267	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent TTK SERVICE LLC 801 BRICKELL AVENUE, SUITE 2380 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name FERNANDO MENOYO Street Address (P.O. Box Number is Not Acceptable) 744 Biltmore Way, Suite 2 City Coral Gables FL Zip Code 33134		
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 _____					
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 GALINDO, HERNAN 801 BRICKELL AVENUE, STE. 2380 MIAMI, FL 33131	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	c/o FERNANDO MENOYO 744 Biltmore Way, Suite 2 Coral Gables, FL 33134	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GALINDO, ELIDA 801 BRICKELL AVENUE, STE. 2380 MIAMI, FL 33131	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	c/o FERNANDO MENOYO 744 Biltmore Way, Suite 2 Coral Gables, FL 33134	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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 the signatures 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: 			HERNAN GALINDO 4/4/06 FERNANDO E. MENOYO 7/4/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		