


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Sep 04, 2007 8:00 am**  
**Secretary of State**

09-04-2007 90083 023 \*\*\*\*50.00

DOCUMENT # L05000047182					
1. Entity Name HLF MANAGEMENT, LLC					
Principal Place of Business 2443 WATERSIDE DR LAKE WORTH, FL 33461			Mailing Address 1001 S FLAGLER DR, STE 706 WEST PALM BEACH, FL 33401		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <u>2443 Waterside Dr.</u>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <u>Lake Worth, FL</u>		4. FEI Number NOT APPLICABLE	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
<u>33461</u>		<u>Palm Beach Co.</u>		Applied For Not Applicable	
6. Name and Address of Current Registered Agent  FRIE, HEIDI L 2443 WATERSIDE DR LAKE WORTH, FL 33461			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <u>FL</u> 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 <u>Heidi L Frie</u> <u>HEIDI L. FRIE</u> <u>8-29-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by September 14, 2007</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FRIE, HEIDI L 1001 S FLAGLER DR, STE 706 WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR. FRIE, HEIDI L. 2443 Waterside Dr Lake Worth, FL. 33461	<input checked="" 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
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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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: <u>Heidi L Frie</u> <u>HEIDI L. FRIE</u> <u>8-29-07</u> <u>(561)6037400</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

# ATTACHMENT

60055428  

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#L05000047182

I signed block 8 bc I made  
Changes to the mailing  
Address, But I am the  
Same original registered Agent  
of HLF Management.  
I wasn't sure if signature  
was necessary. Thank you  
Heidi L. Fre