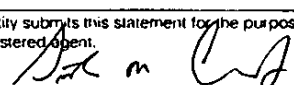
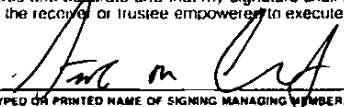


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 03, 2006 8:00 am
Secretary of State

04-28-2006 90029 027 ****50.00

DOCUMENT # L05000056989					
1. Entity Name HCCC, LLC					
Principal Place of Business 605 E. ROBINSON STREET, SUITE 500 ORLANDO FL 32801			Mailing Address 605 E. ROBINSON STREET, SUITE 500 ORLANDO FL 32801		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-2974870	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CARUSO, STEPHEN 605 E. ROBINSON STREET, SUITE 420 ORLANDO FL 32801			7. Name and Address of New Registered Agent Name Stephen Caruso Street Address (P.O. Box Number is Not Acceptable) 605 E. Robinson St., Suite 500 City Orlando FL Zip Code 32801		
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 transferring) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006					
9. MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY- ST- ZIP	President ☐ Delete Stephen Caruso 605 E. Robinson Street, Suite 500 Orlando, FL 32801				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete				
10. ADDITIONS / CHANGES					
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition				
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 Section 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:  (Type) Daytime Phone # _____					