2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 19, 2007
Secretary of State

DOCUMENT# L05000057078

Entity Name: HESCO HOLDINGS LLC

Current Principal Place of Business:

501 GOODLETTE ROAD, BLDG. D-100
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

501 GOODLETTE ROAD, BLDG. D-100
NAPLES, FL 34102

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PERRI, SAMUEL E JR.
1239 FRANK WHITEMAN BLVD.
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: BRODSKY, HILARY D
Address: 210 ROYAL DOULTON CT.
City-St-Zip: GIBSONIA, PA 15044

Title: MGRM ( ) Delete
Name: BRODSKY, EDWARD H
Address: 210 ROYAL DOULTON CT.
City-St-Zip: GIBSONIA, PA 15044

Title: MGRM ( ) Delete
Name: PERRI, SAMUEL E JR.
Address: 1239 FRANK WHITEMAN BLVD.
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SAMUEL E PERRI JR MGRM 03/19/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date