

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**

**May 22, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90048 049 \*\*\*\*50.00

**DOCUMENT # L05000059656**

1. Entity Name  
**HLC-FLORIDA, LLC**



Principal Place of Business  
**2494 SOUTH OCEAN BLVD.  
L-3  
BOCA RATON, FL 33432 US**

Mailing Address  
**2494 SOUTH OCEAN BLVD.  
L-3  
BOCA RATON, FL 33432 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04052006 Chg-LLC CR2E083 (11/05)

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**COHEN, VICTOR  
4912 BOCAIRE RD.  
BOCA RATON, FL 33487**

7. Name and Address of New Registered Agent

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 fee if applicable.

(NOTE: Registered Agent signature required when renewing)

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  
**MGRM  
CASTLEMAN, HOWARD L  
CRYSTAL FORD, LTD., 3111 AUTOMOBILE BLVD.  
SILVER SPRING, MD 20910**

☐ Delete

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

TITLE  
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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 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 #

4/10/06

410-336-7717



ATTACHMENT  
30008812

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 19, 2006

HLC-FLORIDA, LLC  
2494 SOUTH OCEAN BLVD.  
L-3  
BOCA RATON, FL 33432 US

N/A

Subject: HLC-FLORIDA, LLC

Reference Number: L05000059656

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report has not been filed and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/rm

ANNUAL REPORTS SECTION