## 2006 LIMITED LIABILITY COMPANY

SIGNATURE

## May 30, 2006 8:00 am Secretary of State ANNUAL REPORT -4/2 **DOCUMENT #L05000063342** 1. Entity Name 04-28-2006 90013 020 \*\*\*\*50.00 **HRW LLC** Principal Place of Business Mailino Address 15500 ROSEVELT BLVD., SUITE 303 15500 ROSEVELT BLVD., SUITE 303 CLEARWATER, FL 33760 CLEARWATER, FL 33760 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01202006 CR2E083 (11/05) Chg-LLC City & State City & State 4. FEI Number Applied For 20-3056088 Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HAYDON, ROGERS K JR. 15500 ROSEVELT BLVD., SUITE 303 Street Address (P.O. Box Number is Not Acceptable) CLEARWATER, FL 33760 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, typed or printed name of registered agent and tide if applicable. (NOTE, Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Fiorida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES TITLE TITLE ☐ Addition Haydon-Rubin Development Inc. NAME NAME 15500 Roosevelt Blvd. #303 STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Clearwater, FL 33760 Delete Member TITE Change ☐ Addition TITLE NAME NAME John Ware STREET ADDRESS 15500 Roosevelt Blvd, Ste 303 Clearwater, FL 33760 STREET ADDRESS CITY.ST. NP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP TITLE ☐ Delete ☐ Change ■ Addition NAVE NAME STREET ADDRESS STREET ADDRESS C/IY-ST-7IP C07Y-51-70P Delete ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 feeting or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**FILED**