


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90023 030 ****50.00

DOCUMENT # L05000070676					
1. Entity Name HCG LEASING, LLC					
Principal Place of Business 1850 SOUTHEAST 17TH STREET SUITE 300 FORT LAUDERDALE, FL 33316			Mailing Address 1850 SOUTHEAST 17TH STREET SUITE 300 FORT LAUDERDALE, FL 33316		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent AMERICAN INFORMATION SERVICES, INC. ONE S.E. THIRD AVENUE, 28TH FLOOR MIAMI, FL 33131			7. Name and Address of New Registered Agent Name <u>Peter W. Wright</u> Street Address (P.O. Box Number is Not Acceptable) <u>1850 SE 17th Street</u> <u>Suite 300</u> City <u>Ft. Lauderdale</u> <u>FL</u> Zip Code <u>33316</u>		
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>Peter W. Wright</u> DATE <u>3/21/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			MGR Harris W. Hudson 1850 SE 17th St., Ste. 300 Ft. Lauderdale, FL 33316		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			MGRM Steven W. Hudson 1850 SE 17th St., Ste. 300 Ft. Lauderdale, FL 33316		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			MGRM Peter W. Wright 1850 SE 17th St., Ste. 300 Ft. Lauderdale, FL 33316		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			MGRM Holly J. Bodenweber 1850 SE 17th St., Ste. 300 Ft. Lauderdale, FL 33316		
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"/> 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>Peter W. Wright</u>			Date <u>3/21/06</u> Daytime Phone # <u>954-356-5800</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					