## 2008 LIMITED LIABILITY COMPANY

## **ANNUAL REPORT DOCUMENT # L05000070676**



**FILED** 

Mar 24, 2008 8:00 am Secretary of State

03-24-2008 90233 033 \*\*\*138.75

60016518

Principal Place of Business

HCG LEASING, LLC

1850 SOUTHEAST 17TH STREET

SUITE 300 FORT LAUDERDALE, FL 33316 Mailing Address

1850 SOUTHEAST 17TH STREET

SUITE 300

FORT LAUDERDALE, FL 33316

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2. Principal Place of Business - No P.O. Box #		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02252008 Chg-LLC CR2E083 (12/06)		
City & State		City & State		4. FEI Number Applied Fc 75-3196320 Not Applie		
Zip	Country	Zip	Country	5. Certificate of Status Desired S5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent		Registered Agent		7. Name and Address of New Registered Agent		
WRIGHT, PETER W 1850 SW 17TH ST STE 300 FORT LAUDERDALE, FL 33316			Name	Name		
			Street Addres	Street Address (P.O. Box Number is Not Acceptable)		
			City	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 title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE						
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				Make check payable to Florida Department of State		
9.	MANAGING MEMBER	RS/MANAGERS	10.	ADDITIONS/CHANGES		
TITLE	MGR	☐ Delete	TITLE	☐ Change ☐ Ado	dition	
NAME	HUDSON, HARRIS W		NAME			
STREET ADORESS	1850 SE 17TH ST., STE 300		STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316		CITY-ST-ZIP			
TITLE	MGRM	☐ Delete	TITLE	☐ Change ☐ Ado	dition	
NAME	HUDSON, STEVEN W		NAME			
STREET ADDRESS CITY-ST-ZIP	1850 SE 17TH ST., STE 300 FORT LAUDERDALE, FL 33316		STREET ADDRESS CITY-ST-ZIP			
-			<b>1</b>			
TITLE	MGRM WRIGHT, PETER W	☐ Delete	TITLE   NAME	Change	dition	
STREET ADDRESS	1850 SE 17TH ST., STE 300		STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316		CITY-ST-ZIP			
TITLE	MGRM	☐ Delete	TITLE	☐ Change ☐ Ado	dition	
NAME	BODENWEBER, HOLLY J		NAME	Orange Aut	JILIUII	
STREET ADDRESS	1850 SE 17TH ST., STE 300		STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316		CJTY-ST-ZIP			
TITLE	***************************************	☐ Delete	TITLE	☐ Change ☐ Add	dition	
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE	☐ Change ☐ Add	dition	
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			

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 report is true 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 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 report is true.

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE: FCTET W. WI 14715
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE