## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## May 03, 2006 8:00 am Secretary of State **DOCUMENT # L05000082444** 05-03-2006 90025 013 \*\*\*\*50.00 1. Entity Name HEK, LLC 60035138 Principal Place of Business Mailing Address 9846 SW CO RD 769 9846 SW CO RD 769 ARCADIA, FL 34269 ARCADIA, FL 34269 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 05012006 CR2E083 (11/05) Chg-LLC Applied For City & State City & State 4. FEI Number Applices Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BLEDSOE, ERIC T Street Address (P.O. Box Number is Not Acceptable) 9846 SW CO RD 769 'ARCADIA, FL 34269 City 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 Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS 10. MGRM TITLE ☐ Change ■ Addition TITLE ☐ Delete BLEDSOE, ERIC T NAME NAME STREET ADDRESS 9846 SW CO RD 769 STREET ADDRESS ARCADIA, FL 34269 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE □ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

GNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

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Daytime Phone #

FILED