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Secretary of State
03-13-2006 90352 008 ****50.00

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2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000084891

1. Entity Name
HGE PROPERTIES, LLC

30004063

Principal Place of Business	Mailing Address
295 1ST STREET SOUTH WINTER HAVEN, FL 33880	295 1ST STREET SOUTH WINTER HAVEN, FL 33880

2. Principal Place of Business		3. Mailing Address	
250 Avenue K SW		250 Avenue K SW	
Suite, Apt. #, etc. Suite 100		Suite, Apt. #, etc. Suite 100	
City & State Winter Haven FL		City & State Winter Haven FL	
Zip 33880	Country USA	Zip 33880	Country USA

01092006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3477729 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CHINOY, KEVIN 295 1ST STREET SOUTH WINTER HAVEN, FL 33880	Name Street Address (P.O. Box Number is Not Acceptable) 250 Avenue K SW Suite 100 City Winter Haven FL Zip Code 33880

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

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHINOY, KEVIN 295 1ST STREET SOUTH WINTER HAVEN, FL 33880	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	250 Avenue K SW, Suite 100 Winter Haven, FL 33880	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS 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] 3/28/2006 917 254 1214
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #