2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Sep 11, 2006 8:00 am
Secretary of State

08-25-2006 90051 001 ****50.00

DOCUMENT # L05000091443

1. Entity Name
HFI I, LLC

Principal Place of Business
31 SIERRA DEL NORTE
FORT PIERCE FL 34951

Mailing Address
31 SIERRA DEL NORTE
FORT PIERCE FL 34951

2nd MOORE CR2E083 (4/06)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 20-3500869. ☐ 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
KIRK, WILLIAM N ESQ. 979 BEACHLAND BLVD. VERO BEACH FL 32963	Name Street Address (P.O. Box Number is Not Acceptable) 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 $50.00
Make Check Payable to Florida Department of State
Due By September 6, 2006

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	~~MR~~ P,M BERNHARD S. HOHNE 31 SIERRA DEL NORTE FT. PIERCE, FL 34951 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC MARY E. HOHNE 31 SIERRA DEL NORTE FT. PIERCE, FL 34951 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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] P,M 8-15-06 772-332-6713
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #