2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
May 12, 2006 8:00 am
Secretary of State
04-24-2006 90041 013 ****50.00

DOCUMENT # L05000094555

1. Entity Name
HPOC LAND GROUP, LLC

Principal Place of Business	Mailing Address
255 ALHAMBRA CIRCLE SUITE 324 CORAL GABLES, FL 33134	255 ALHAMBRA CIRCLE SUITE 324 CORAL GABLES, FL 33134

04192006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business		3. Mailing Address	
255 Alhambra Circle		255 Alhambra Circle	
Suite, Apt. #, etc.: Suite 325		Suite, Apt. #, etc.: Suite 325	
City & State: Coral Gables, FL		City & State: Coral Gables, FL	
Zip: 33134	Country: USA	Zip: 33134	Country: USA

4. FEI Number 42-1679985 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MACNAIR, CHRISTOPHER J
255 ALHAMBRA CIRCLE
SUITE 325
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

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

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 DESOTO LAND GROUP, LLC 255 ALHAMBRA CIRCLE, SUITE 325 CORAL GABLES, FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM FEHR, JEFF 12653 SW COUNTY ROAD 769, SUITE A LAKE SUZY, FL 34269	☐ 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
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] Christopher J. MacNair 4/20/06 305-445-6161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #