

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000119539

Entity Name: HGA ENTERPRISES, LLC

FILED
Apr 25, 2006
Secretary of State

Current Principal Place of Business:

2071 WISTERIA STREET, #B
ENGLEWOOD, FL 34224

New Principal Place of Business:

2720 AVENUE OF THE AMERICAS
ENGLEWOOD, FL 34224

Current Mailing Address:

2071 WISTERIA STREET, #B
ENGLEWOOD, FL 34224

New Mailing Address:

2720 AVENUE OF THE AMERICAS
ENGLEWOOD, FL 34224

FEI Number: 20-4071105

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WIDEIKIS, JOHN L ESQ.
18501 MURDOCK CIRCLE, SUITE 101
PORT CHARLOTTE, FL 339481067 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: GAMBER, EARL R
Address: 220 CORNELL ROAD
City-St-Zip: VENICE, FL 34293

Title: MGR () Change (X) Addition
Name: GAMBER, THAD R
Address: 4275 BUCCANEER ST
City-St-Zip: NORTH PORT, FL 34286

Title: MGR () Change (X) Addition
Name: TORMEY, PATRICK J
Address: 15429 VISALIA ROAD
City-St-Zip: PORT CHARLOTTE, FL 33981

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: PATRICK J TORMEY

MGR

04/25/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date