



**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 12, 2007 08:00 A
Secretary of State

DOCUMENT # L05000119539 1. Entity Name HGA ENTERPRISES, LLC	
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Principal Place of Business 2720 AVENUE OF THE AMERICAS ENGLEWOOD, FL 34224	Mailing Address 2720 AVENUE OF THE AMERICAS ENGLEWOOD, FL 34224
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DO NOT WRITE IN THIS SPACE



04092007No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-4071105	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

WIDEIKIS, JOHN L ESQ.
18501 MURDOCK CIRCLE, SUITE 101
PORT CHARLOTTE, FL 33948-1067

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

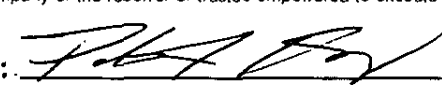
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GAMBER, EARL R 220 CORNELL ROAD VENICE, FL 34293
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GAMBER, THAD R 4275 BUCCANEER ST NORTH PORT, FL 34286
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR TORMEY, PATRICK J 15429 VISALIA ROAD PORT CHARLOTTE, FL 33981
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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04/20/07-80098-016 50.00

**DO NOT WRITE
IN THIS SPACE**

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:  Patrick J. Tormey 4/9/07 9414750198

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #