

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000119539

Entity Name: HGA ENTERPRISES, LLC

FILED
Apr 15, 2009
Secretary of State

Current Principal Place of Business:

2720 AVENUE OF THE AMERICAS
ENGLEWOOD, FL 34224

New Principal Place of Business:

Current Mailing Address:

2720 AVENUE OF THE AMERICAS
ENGLEWOOD, FL 34224

New Mailing Address:

FEI Number: 90-0257851

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GAMBER, THAO R
2720 AVE OF THE AMERICAS
ENGLEWOOD, FL 34224 US

Name and Address of New Registered Agent:

GAMBER, THAD R
2720 AVE OF THE AMERICAS
ENGLEWOOD, FL 34224 US

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: THAD GAMBER

04/15/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

Title: MGRM () Delete
Name: GAMBER, THAD R
Address: 4275 BUCCANEER ST
City-St-Zip: NORTH PORT, FL 34286

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

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 TORMEY

MGR

04/15/2009

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