2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 16, 2007 8:00 am
Secretary of State

07-31-2007 90002 013 ****50.00

DOCUMENT # L06000013687

1. Entity Name

HECHT GROUP LLC

Principal Place of Business	Mailing Address
6161 PHILIPS HIGHWAY JACKSONVILLE FL 32216 US	6161 PHILIPS HIGHWAY JACKSONVILLE FL 32216 US

1st MOORE CR2E083 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	P.O. Box 551260
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Jacksonville, FL
Zip / Country	Zip: 32255 / Country: US

4. FEI Number: 20-4306953 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

HECHT, STUART I
6161 PHILIPS HIGHWAY
JACKSONVILLE FL 32216

7. Name and Address of New Registered Agent

Name: Ansbacher & Schneider, P.A.
Street Address (P.O. Box Number is Not Acceptable): 5150 Belfort Road
Building 100
City: Jacksonville, FL Zip Code: 32256

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] 7/26/2007
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 May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	☐ Delete
NAME	HECHT, STUART I	
STREET ADDRESS	6161 PHILIPS HIGHWAY	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	MGRM	☐ Delete
NAME	HECHT, LARRY M	
STREET ADDRESS	6161 PHILIPS HIGHWAY	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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] 7/23/2007 (904) 731-3401
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #