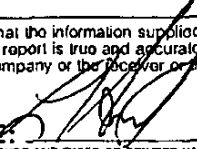


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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 6161 PHILIPS HIGHWAY JACKSONVILLE FL 32216 US			Mailing Address 6161 PHILIPS HIGHWAY JACKSONVILLE FL 32216 US		
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	Country	4. FEI Number 20-430 6953	
32255	US	32255	US	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 				DATE 7/26/2007	
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HECHT, STUART I 6161 PHILIPS HIGHWAY JACKSONVILLE FL 32216	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HECHT, LARRY M 6161 PHILIPS HIGHWAY JACKSONVILLE FL 32216	☐ 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	
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	
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 				DATE 7/23/2007 (904) 731-3401	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					