2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000019949

Entity Name: HEXAGON PROPERTY GROUP, LLC

FILED Jan 20, 2010 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

7041 GRAND NATIONAL DR., SUITE 109 115 TIMBERLACHEN CR ORLANDO, FL 32819

2005

LAKE MARY, FL 32746

Current Mailing Address: New Mailing Address:

POBOX 10

GENEVA, FL 32732

FEI Number: 20-4363438 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RANKIN, JAMES RANKIN, JAMES 7041 GRAND NATIONAL DR., SUITE 109 115 TIMBERLACHEN CR

ORLANDO, FL 32819 2005 LAKE MARY, FL 32746 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: 01/20/2010

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

MGRM

LINDSAY, PATRICK Name:

Address: 7041 GRAND NATIONAL DR., SUITE 109

City-St-Zip: ORLANDO, FL 32819

Title: MGRM

Name: ROTTINGHAUS, JESSE

Address: 7041 GRAND NATIONAL DR., SUITE 109

City-St-Zip: ORLANDO, FL 32819

Title: MGRM

PHILLIPS, KEITH Name: 4437 WITHROWWOOD CT Address: City-St-Zip: ORLANDO, FL 32837

Title: MGRM

Name: RANKIN, JAMES

115 TIMBERLACHEN CR SUITE 2005 Address:

City-St-Zip: LAKE MARY, FL 32746

Title: MGRM Name: WHITE, KEN

5369 LOS PALMA VISTA Address: City-St-Zip: ORLANDO, FL 32837

Title: LONGO, JEFF Name:

Address: 7380 SAND LAKE RD, SUITE 125

ORLANDO, FL 32819 City-St-Zip:

I hereby 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 Statues.

SIGNATURE: JAMES RANKIN **MGRM** 01/20/2010

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