

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000026303

Entity Name: 2HG LLC

FILED  
Jul 06, 2007  
Secretary of State

**Current Principal Place of Business:**

5025 W. GRACE STREET  
TAMPA, FL 33607

**New Principal Place of Business:**

**Current Mailing Address:**

5025 W. GRACE STREET  
TAMPA, FL 33607

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

LEAHY, MIKE  
2544 N DOVER ROAD  
DOVER, FL 33527 US

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

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: LEAHY, MIKE  
Address: 5025 W. GRACE STREET  
City-St-Zip: TAMPA, FL 33607

Title: MGRM ( ) Delete  
Name: SCHNELL, MIKE  
Address: 5025 W. GRACE STREET  
City-St-Zip: TAMPA, FL 33607

Title: MGRM ( ) Delete  
Name: POLCE, ANDY  
Address: 443 HAMMOCK DRIVE  
City-St-Zip: PALM HARBOR, FL 33683

**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: MIKE LEAHY

MGRM

07/06/2007

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