2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L06000115409

HLC PROPERTIES, LLC

FILED Jan 07, 2008 08:00 AM Secretary of State

Principal Place of Business

8975 ROYAL BIRKDALE LANE ORLANDO, FL 32819

Mailing Address

8975 ROYAL BIRKDALE LANE ORLANDO, FL 32819



01042008 No Chq-LLC

CR2E083 (12/07)

4. FEI Number 20-5966040 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and little if applicable.

CASTRO, HERNAN 8975 ROYAL BIRKDALE LANE ORLANDO, FL 32819

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8. The above	ve named entity submits this statement for the purpose of char	nging its registered office or registered agent, or both	, in the State of Florida. I am familiar with, and acce	pt
the oblig	ations of registered agent.			
SIGNATURE	Signature typed or printed name of registered agent and title if applicable	SNOTE Registered Agent signature required when reinstating)	DATE	

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

U000000775706 01/08/08-80040-007 138.75

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-7:P	MGRM CASTRO, HERNAN 8975 ROYAL BIRKDALE LANE ORLANDO, FL 32819
TITLE NAME STREET AODRESS CJTY-ST-ZIP	MGRM CASTRO, LAURA 8975 ROYAL BIRKDALE LANE ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.

SIGNATU	RE:	Auro	<u>(a</u>
	MALATICE AND	THOSE ASSESSED	

lauro (lastro stro IE OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date

321-690-692

Daytime Phone #