

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED


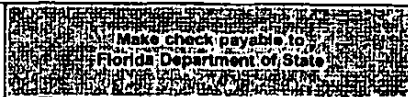
4/ Jun 23, 2008 8:00 am  
Secretary of State

04-15-2008 90116 003 \*\*\*138.75

30009755



03202008 Chg-LLC CR2E083 (12/06)

<b>DOCUMENT # L07000035918</b>			
1. Entity Name HCP INVESTMENTS, LLC			
Principal Place of Business 600 FIFTH AVENUE SOUTH SUITE 207 NAPLES, FL 34102		Mailing Address 600 FIFTH AVENUE SOUTH SUITE 207 NAPLES, FL 34102	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BRUGGER, JOHN N 600 FIFTH AVENUE SOUTH SUITE 207 NAPLES, FL 34102		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR POHLMANN, HERBERT C JR. 600 FIFTH AVENUE SOUTH, SUITE 207 NAPLES, FL 34102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 606, Florida Statutes.			
SIGNATURE: <u>Herbert C. Pohlmann Jr.</u>		3/3/08 239-263-6000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	